ICMJE Form for Disclosure of Potential Conflicts of Interest

 Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Asheesh

2. Surname (Last Name)  
   Bedi

3. Date  
   14-January-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title
   Part II: The Peripheral Compartment of the Hip: Arthroscopic Management of Cam-Type Pathology and the Hip Capsule

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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   No

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   ✔ Yes  
   No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Bedi reports personal fees from Smith & Nephew, personal fees from A3 Surgical, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Bryan T.  

2. Surname (Last Name)  
   Kelly  

3. Date  
   14-January-2015  

4. Are you the corresponding author?  
   Yes ✔ No

Corresponding Author’s Name  
Asheesh Bedi

5. Manuscript Title  
Part II: The Peripheral Compartment of the Hip: Arthroscopic Management of Cam-Type Pathology and the Hip Capsule

6. Manuscript Identifying Number (if you know it)


Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
Yes ✔ No


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Dr. Kelly reports personal fees from A3 Surgical, personal fees from Hospital for Special Surgery, personal fees from Private Practice, outside the submitted work.

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1. Given Name (First Name)  Christopher
2. Surname (Last Name)  Kweon
3. Date  14-January-2015
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Asheesh Bedi

5. Manuscript Title
Part II: The Peripheral Compartment of the Hip: Arthroscopic Management of Cam-Type Pathology and the Hip Capsule

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Dr. Kweon has nothing to disclose.

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1. Given Name (First Name)  
Kristina

2. Surname (Last Name)  
Welton

3. Date  
14-January-2015

4. Are you the corresponding author?  
Yes ✔ No

Corresponding Author’s Name
Asheesh Bedi

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Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher M.

2. Surname (Last Name)  
   Larson, MD

3. Date  
   15-April-2015

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Asheesh Bedi, MD

5. Manuscript Title  
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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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