ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>James</td>
<td>Beckmann</td>
<td>30-October-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No ✔

Corresponding Author’s Name  
   James Wylie

5. Manuscript Title  
   Functional Outcomes Assessment in Hip Preservation Surgery

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Beckmann has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Eren
2. Surname (Last Name)  Havrilak
3. Date  30-October-2017
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  James Wylie

5. Manuscript Title  Functional Outcomes Assessment in Hip Preservation Surgery
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
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Ms. Havrilak has nothing to disclose.

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   Michael

2. Surname (Last Name)  
   Millis

3. Date  
   30-October-2017

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Corresponding Author’s Name  
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1. Given Name (First Name)
   James

2. Surname (Last Name)
   Wylie

3. Date
   30-October-2017

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   ✔ Yes
   No

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