

Arthroscopy: The Journal of Arthroscopic and Related Surgery

— Instructions —

ICMJE Form for Disclosure of Potential Conflicts of Interest

Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author's completed form must then be uploaded with the manuscript.

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 in four parts:

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Enter your full name and provide the manuscript title.

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1. Given Name Jorge 2. Surname Chahla
3. Are you the corresponding author? Yes No
4. Effective Date 5/19/16
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12. Travel/accommodations/ meeting expenses unrelated to activities listed**

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

13. Other (err on the side of full disclosure)

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

Arthroscopy: The Journal of Arthroscopic and Related Surgery

— Instructions —

ICMJE Form for Disclosure of Potential Conflicts of Interest

Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author's completed form must then be uploaded with the manuscript.

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 in four parts:

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Enter your full name and provide the manuscript title.

Section 2. The work under consideration for publication

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation, or commercial sponsor, check "Yes." Then complete the provide the information requested.

Section 3. Relevant financial activities outside the submitted work

This section asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name _____ Sandeep _____ 2. Surname
_____ Mannava _____
3. Are you the corresponding author? Yes No
4. Effective Date _____ 10/17/2016 _____
5. Manuscript Title Part 1: Examination of the Athlete's Hip- Pearls for a Comprehensive Exam _____

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

1. Grant

No Yes, money paid to you Yes, money paid to institution* Name of entity _____
Comments† _____

2. Consulting fee or honorarium

No Yes, money paid to you Yes, money paid to institution* Name of entity _____
Comments† _____

3. Support for travel to meetings for the study or other purposes

No Yes, money paid to you Yes, money paid to institution* Name of entity _____
Comments† _____

4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

No Yes, money paid to you Yes, money paid to institution* Name of entity _____
Comments† _____

5. Payment for writing or reviewing the manuscript

No Yes, money paid to you Yes, money paid to institution* Name of entity _____
Comments† _____

6. Provision of writing assistance, medicines, equipment, or administrative support

No Yes, money paid to you Yes, money paid to institution* Name of entity _____
Comments† _____

7. Other

No Yes, money paid to you Yes, money paid to institution* Name of entity _____
Comments† _____

* This means money that your institution received for your efforts on this study.

† Use this section to provide any needed explanation.

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No Yes, money paid to you Yes, money paid to institution* Name of entity___ Comments___

2. Consultancy

No Yes, money paid to you Yes, money paid to institution* Name of entity___ Comments___

3. Employment

No Yes, money paid to you Yes, money paid to institution* Name of entity___ Comments___

4. Expert testimony

No Yes, money paid to you Yes, money paid to institution* Name of entity___ Comments___

5. Grants/grants pending

No Yes, money paid to you Yes, money paid to institution* Name of entity_ American Board of Medical Specialties (ABMS)-American Board of Orthopaedic Surgeons (ABOS) Visiting Scholars Grant
___ Comments___

6. Payment for lectures including service on speakers bureaus

No Yes, money paid to you Yes, money paid to institution* Name of entity___ Comments___

7. Payment for manuscript preparation

No Yes, money paid to you Yes, money paid to institution* Name of entity___ Comments___

8. Patents (planned, pending or issued)

1. No Yes, money paid to you Yes, money paid to institution* Name of entity_ **Mannava S et al** to Wake Forest University Health Sciences. *Tissue tensioning devices and related methods*. Patent Number [08926626](#). Utility Patent Awarded January 6, 2015. United States Patent and Trademark Office.
___ Comments___

9. Royalties

No Yes, money paid to you Yes, money paid to institution* Name of entity___ Comments___

10. Payment for development of educational presentations

No Yes, money paid to you Yes, money paid to institution* Name of entity___ Comments___

11. Stock/stock options

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Section 1. Identifying Information

1. Given Name Marc 2. Surname Philippon
3. Are you the corresponding author? Yes ___ No x
4. Effective Date 4/8/2016
5. Manuscript Title Part 1: Examination of the Athlete's Hip- Pearls for a Comprehensive Exam

Section 2. The Work Under Consideration for Publication

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No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

No Yes, money paid to you Yes, money paid to institution* Name of entity ISHA
Comments

2. Consultancy

No Yes, money paid to you Yes, money paid to institution* Name of entity Smith & Nephew, MIS
Comments

3. Employment

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

4. Expert testimony

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

5. Grants/grants pending

No Yes, money paid to you Yes, money paid to institution* Name of entity Smith & Nephew, Ossur, Siemens, Vail Valley Medical Center
Comments

6. Payment for lectures including service on speakers bureaus

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

7. Payment for manuscript preparation

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

8. Patents (planned, pending or issued)

No Yes, money paid to you Yes, money paid to institution* Name of entity Smith & Nephew
Comments

9. Royalties

No Yes, money paid to you Yes, money paid to institution* Name of entity Smith & Nephew, ArthroSurface, DonJoy, Slack, Elsevier, Linvatec, MJP Innovations, LLC
Comments

10. Payment for development of educational presentations

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

11. Stock/stock options

No Yes, money paid to you Yes, money paid to institution* Name of entity ArthroSurface, MJP Innovations, LLC, MIS
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Comments

3. Employment

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

4. Expert testimony

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

5. Grants/grants pending

No Yes, money paid to you Yes, money paid to institution* Name of entity Smith & Nephew, Ossur, Siemens, Vail Valley Medical Center
Comments

6. Payment for lectures including service on speakers bureaus

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

7. Payment for manuscript preparation

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

8. Patents (planned, pending or issued)

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Comments

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No Yes, money paid to you Yes, money paid to institution* Name of entity Smith & Nephew, ArthroSurface, DonJoy, Slack, Elsevier, Linvatec, MJP Innovations, LLC
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