

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Daniel

2. Surname (Last Name)

Cunningham

3. Date

27-August-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Prospective, observational study of opioid usage after hip arthroscopy for femoroacetabular impingement syndrome

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.)?

Are there any relevant conflicts of interest? Yes No

Section 3.

Relevant financial activities outside the submitted work.

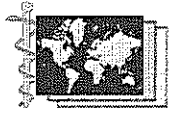
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Are there any relevant conflicts of interest? Yes No

Section 4.

Intellectual Property — Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Section 5

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Are there 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?

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Section 6

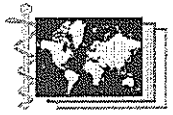
Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Cunningham has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1 Identifying Information

1. Given Name (First Name)

Carolyn

2. Surname (Last Name)

Hutyra

3. Date

27-August-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Daniel Cunningham

5. Manuscript Title

Prospective, observational study of opioid usage after hip arthroscopy for femoroacetabular impingement syndrome

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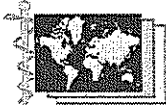
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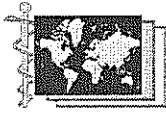
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Dr. Hutyra has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1

Identifying Information

1. Given Name (First Name)

Brian

2. Surname (Last Name)

Lewis

3. Date

27-August-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Daniel Cunningham

5. Manuscript Title

Prospective, observational study of opioid usage after hip arthroscopy for femoroacetabular impingement syndrome

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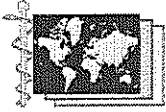
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Dr. Lewis has nothing to disclose.

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1. Given Name (First Name)

2. Surname (Last Name)

3. Date

27-August-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Daniel Cunningham

5. Manuscript Title

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Arthroscopy Association of North America: Board or committee member
KNG Health Consulting: Paid consultant
North Carolina Orthopaedic Association: Board or committee member
Stryker: Paid consultant
Zimmer: Research support

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) 2. Surname (Last Name) 3. Date
 Shane Nho 27-August-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name
Daniel Cunningham

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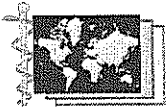
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Athletico: Research support
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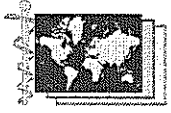


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Section 1

Identifying Information

1. Given Name (First Name)

Steven

2. Surname (Last Name)

Olson

3. Date

27-August-2017

4. Are you the corresponding author?

 Yes

 No

Corresponding Author's Name

Daniel Cunningham

5. Manuscript Title

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Orthopaedic Trauma Association: Board or committee member

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