

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.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Joseph	2. Surname (Last Name) Featherall	3. Date 09-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stephen Aoki
5. Manuscript Title Arthroscopic Hip Capsule Reconstruction for Anterior Hip Capsule Insufficiency in the Revision Setting		
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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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 6. Disclosure Statement

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Dr. Featherall 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)
Kelly

2. Surname (Last Name)
Tomasevich

3. Date
09-December-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Stephen Aoki

5. Manuscript Title
Arthroscopic Hip Capsule Reconstruction for Anterior Hip Capsule Insufficiency in the Revision Setting

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Kelly Tomasevich has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Dillon

2. Surname (Last Name)
O'Neill

3. Date
09-December-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Stephen Aoki

5. Manuscript Title
Arthroscopic Hip Capsule Reconstruction for Anterior Hip Capsule Insufficiency in the Revision Setting

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Active Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education
Acumed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and Beverage

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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Dr. O'Neill reports personal fees from Active Medical, personal fees from Acumed, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Alexander

2. Surname (Last Name)
Mortensen

3. Date
09-December-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Stephen Aoki

5. Manuscript Title
Arthroscopic Hip Capsule Reconstruction for Anterior Hip Capsule Insufficiency in the Revision Setting

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Alexander Mortensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Stephen 2. Surname (Last Name) Aoki 3. Date 09-December-2020

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker Corporation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel and Lodging, Food and Beverage, Consulting Fee
Active Medical LLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education
Smith+Nephew Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and Beverage

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Dr. Aoki reports personal fees from Stryker Corporation, personal fees from Active Medical LLC, personal fees from Smith +Nephew Inc, outside the submitted work; .

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