1. Given Name (First Name) Shingo	2. Surname (Last Name) Hashimoto	3. Effective Date (07-August-200 22-March-2012
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name John C. Clohisy
5. Manuscript Title Molecular Characterization of Articula	ar Cartilage from Young Ac	lults with Femoral Acetabular impingement
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 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 row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Pub	lication		***		
Type	No	Montay Para NewYork	Money to Your Institution	Neme districts	Genoments.	
1. Grant	~					/ <u>(18</u>)0.
2. Consulting fee or honorarium	✓					× //\[\ \]\[\]\[\]\[\]\[\]\[\]\[\]\[\]\[\]\[
3. Support for travel to meetings for the study or other purposes	√					7.(0)6)
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
5. Payment for writing or reviewing the manuscript	✓					ADD.
Provision of writing assistance, medicines, equipment, or administrative support	✓					jo j X(k)

Hashimoto 2

The Work Under Consideration	n for Pub	ication					
Туре	Ne	Paile	Moneyio You Insilution	NATE OF	itiya -	awnmener	
7. Other	\checkmark						A(B)D × A(B)B/

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	side the	e submit	ted work			
Type of Relationship (in alphabetical order)	иы	Money Parko Yan	Moneyto You: Institution:	ind/	Someth	
1. Board membership	V					
2. Consultancy	7					
3. Employment	/					×
4. Expert testimony	V					#(0(0);}
5. Grants/grants pending	✓					(AND)
Payment for lectures including service on speakers bureaus	✓					A(B)D
7. Payment for manuscript preparation	✓					AND

Hashimoto

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

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	lλο	Money Parit to You	Money to Your Institution*	Entity	Comments				
8. Patents (planned, pending or issued)	√				ADI				
9. Royalties	✓				ADI				
10. Payment for development of educational presentations	V				/Addi				
11. Stock/stock options	V				Addi X				
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	V								
13. Other (err on the side of full disclosure)	✓				Apji				
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.									
Section 4. Other relationsh	ilps								
Are there other relationships or activi potentially influencing, what you wro				o have influenced, or tha	it give the appearance of				
✓ No other relationships/conditions Yes, the following relationships/conditions			•		t.				
At the time of manuscript acceptance On occasion, journals may ask author									
HideAllTel	dekoy	js(elhaakari	'No'	SYANVE					

1. Given Name (First Name) Corey	2. Surname (Last Name Gill	3. Effective Date (07-August-200 16-March-2012
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name John Clohisy
5. Manuscript Title MOLECULAR CHARACTERIZATION OF IMPINGEMENT	ARTICULAR CARTILAGE	FROM YOUNG ADULTS WITH FEMORAL ACETABULAR

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...)?

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The Work Under Consideration for Publication								
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	✓				But the second s	× ADD		
2. Consulting fee or honorarium	/				•	× ADD		
Support for travel to meetings for the study or other purposes	✓					× ADD		
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×		
5. Payment for writing or reviewing the manuscript	√					X		
Provision of writing assistance, medicines, equipment, or administrative support	✓					×		

Gill

The Work Under Considerat	ion for Pub	lication				
Type	No	Paid	Money to Your Institution*	Name of Entity	Comments**	
7. Other	/					ADD × ADD

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		Money	Money to		
Type of Relationship (in alphabetical order)	No	Paid to	Your Institution*	Entity	Comments
Board membership	~				
Consultancy					
Employment	✓	:, 🛄			
Expert testimony	✓				
Grants/grants pending	V				
Payment for lectures including service on speakers bureaus	√				
Payment for manuscript preparation	· 🗸				

Gill 3

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^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	/					ADD ×
9. Royalties	√					ADD X
Payment for development of educational presentations						×
11. Stock/stock options						ADD ×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	V					×
13. Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultanc				ravel related to that con	sultancy on this line.	
Section 4. Other relationsh	ded a til mar til dans					
Other relations	STEP OF STREET					
Are there other relationships or activi potentially influencing, what you wro				to have influenced, or	that give the appearance o	of
✓ No other relationships/conditions	circum	stances th	nat present a p	otential conflict of int	erest	
Yes, the following relationships/co	ondition	ns/circums	stances are pre	sent (explain below):		
At the time of manuscript acceptance On occasion, journals may ask author	e, journa s to disc	als will ask close furth	authors to con er information	firm and, if necessary about reported relati	, update their disclosure sta onships.	itements.
Hide All Tal	ble Roy	<i>s</i> Checke	d'No'	SAVE		

1. Given Name (First Name) Zhiqi	Surname (Last Name)Zhang	3. Effective Date (07-August-200 24-March-2012
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name John Clohisy
5. Manuscript Title Molecular Characterization of Articula	ır Cartilage from Young Ac	lults with Femoral Acetabular Impingement
Molecular Characterization of Articula Manuscript Identifying Number (if you		lults with Femoral Acetabular Impingement .

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The Work Under Consideration f	or Pub				
Type	No	Paid	Moneyao Your Institution	Name utilinity) comments	
1. Grant	V				X AND D
2. Consulting fee or honorarium	√				× (1(0)0)
Support for travel to meetings for the study or other purposes	✓				× //(0)0)
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓				
5. Payment for writing or reviewing the manuscript	V				ANDID:
Provision of writing assistance, medicines, equipment, or administrative support	V				<u> </u>

Money Money to Type No Paid Your Name of Entity Comments** to You Institution**	
7. Other	(8)9). 22 (8)8).

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Relevant financial activities out	side th	e submitt	ed work			
Type of Relationship (in alphabetical order)	βio	Monay Paidle Voi	Money to Your Institution:	Entity	Gonnents	
1. Board membership	7				, mandada (Climatory Tan Ciri de La Cara (Crista) de la companio de la Cara (Crista) de la Cara (Crista) de la	X
2. Consultancy	V					ADD.
3. Employment	✓					×
4. Expert testimony	V					/(DD)
5. Grants/grants pending	V					(A(D)D)
Payment for lectures including service on speakers bureaus	7					×
7. Payment for manuscript preparation	√					ADD.

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^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	side the	submitt	ed work							
Type of Relationship (in alphabetical order)	ijσ	Monay Paid to You	Money to Your Institution*	Entity	Comments					
8. Patents (planned, pending or issued)	V				ADD ×					
9. Royalties	V				(ADD)					
10. Payment for development of educational presentations	✓				AIDD)					
11. Stock/stock options	V				Adda					
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	V				ADD					
13. Other (err on the side of full disclosure)	V				ADD					
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult						
Other relationships 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?										
✓ No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):										
At the time of manuscript acceptance On occasion, journals may ask author										
- Hide All Te	ldie Rog	reidhealte	: 1401512	SAVE						



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 four parts.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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4. Other relationships.

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.



The Work Under Consideration for Publication

Section 1.	Identifying Infor	mation	
1. Given Name (Fi Linda Jo	rst Name)	2. Surname (Last Name) Sandell	3. Effective Date (07-August-2008) 09-April-2013
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Molecular charac		r Cartilage from Young Adults with Femo	oral Acetabular Impingement
6. Manuscript Ider	ntifying Number (if you	know it)	
Molecular characters Section 2.		r Cartilage from Young Adults with Femo	oral Acetabular Impingement

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...)?

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The Work Under Consideration f	or Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	NIH		×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
 Provision of writing assistance, medicines, equipment, or administrative support 	√					×
6 1 11						



The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
						ADD				
7. Other	√					×				
						ADD				

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	✓					×		
						ADD		
2. Consultancy	✓					×		
						ADD		
3. Employment		\checkmark		Washington University		X		
						ADD		
4. Expert testimony	\checkmark					X		
						ADD		
5. Grants/grants pending			\checkmark	NIH		X		
						ADD		
Payment for lectures including service on speakers bureaus	✓					×		
						ADD		
Payment for manuscript preparation	✓					×		

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^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						F
Patents (planned, pending or issued)	✓					
						P
9. Royalties		✓		Washington University Research Foundation		
						A
Payment for development of educational presentations	✓					
						A
1. Stock/stock options	\checkmark					
						A
2. Travel/accommodations/ meeting expenses unrelated to activities listed**		✓		OARSI		
						A
Other (err on the side of full disclosure)	✓					
						I

Section 4. Other relationships

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?

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

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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Section 1.	Identifying Infor	rmation	
1. Given Name (Fi Muhammad Fare	,	2. Surname (Last Name) Rai	3. Effective Date (07-August-2008) 04-January-2013
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name John C. Clohisy
5. Manuscript Title Molecular Chara		ar Cartilage from Young Ad	ults with Femoral Acetabular Impingement
6. Manuscript Ide	ntifying Number (if you	know it)	

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The Work Under Consideration (for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
						ADD				
7. Other		✓		Ruth L. Kirschstein National Research Service Award Fellowship (T320AR060719) from the NIH		×				
						ADD				

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

Section 3.

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	✓					×			
						ADD			
2. Consultancy	✓					×			
						ADD			
3. Employment	✓					×			
						ADD			
4. Expert testimony	✓					×			
						ADD			
5. Grants/grants pending	✓					×			
						ADD			

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
Payment for lectures including service on speakers bureaus	✓					×	
						ADD	
Payment for manuscript preparation	✓					×	
						ADD	
Patents (planned, pending or issued)	✓					×	
						ADD	
9. Royalties	✓					×	
						ADD	
Payment for development of educational presentations	✓					×	
						ADD	
11. Stock/stock options	\checkmark					X	
						ADD	
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×	
						ADD	
Other (err on the side of full disclosure)	✓					×	
						ADD	
* This means money that your institution received for your efforts.							

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Section 1. Identifying Info	rmation	
1. Given Name (First Name) John	2. Surname (Last Name) Clohisy	3. Effective Date (07-August-2008) 21-March-2012
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Molecular Characterization of Articul	ar Cartilage from Young Adults with Femor	al Acetabular Impingement
6. Manuscript Identifying Number (if you	know it)	

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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication								
Туј	pe No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	\checkmark					×		
						ADD		

Section 3.

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy		\checkmark		Biomet, Inc.		×	
2. Consultancy		\checkmark		Pivot Medical		×	
						ADD	
3. Employment	\checkmark					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending		\checkmark		Zimmer, Inc.		×	
5. Grants/grants pending		✓		Wright Medical Technologies		×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					×	

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

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
Payment for manuscript preparation	\checkmark					×	
						ADD	
Patents (planned, pending or issued)	\checkmark					×	
						ADD	
9. Royalties	✓					×	
						ADD	
Payment for development of educational presentations	✓					×	
						ADD	
11. Stock/stock options	✓					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×	
						ADD	
13. Other (err on the side of full disclosure)	\checkmark					×	
						ADD	
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.							

Section 4. Other relationships

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?

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

Yes, the following relationships/conditions/circumstances are present (explain below):



At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE

Evaluation and Feedback

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