ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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 four parts.

1. 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Lionel E.
2. Surname (Last Name): Lazaro
3. Effective Date (07-August-2008): 22-August-2012

4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title
Assessment of Femoral Head and Head-Neck Junction Perfusion Following Surgical Hip Dislocation Using Gadolinium Enhanced MRI: A Cadaveric Study

6. Manuscript Identifying Number (if you know it)

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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						ADD
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						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
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7. Payment for manuscript preparation	☑	☐	☐			×

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						ADD
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						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Edwin
2. Surname (Last Name): SU
3. Effective Date (07-August-2008): 11-September-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Lionel E. Lazaro, MD

5. Manuscript Title
Assessment of Femoral Head and Head-Neck Junction Perfusion Following Surgical Hip Dislocation Using Gadolinium Enhanced MRI: A Cadaveric Study

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			✕
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	☐	☑	☐	Smith and Nephew Inc		✕
						ADD
2. Consultancy	☐	☑	☐	Smith and Nephew Inc		✕
						ADD
3. Employment	☑	☐	☐			✕
						ADD
4. Expert testimony	☑	☐	☐			✕
						ADD
5. Grants/grants pending	☐	☐	☑	Smith and Nephew Inc		✕
						ADD
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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. 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)	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Peter
2. Surname (Last Name): Sculco
3. Effective Date (07-August-2008): 22-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Lionel E. Lazaro, MD

5. Manuscript Title
Assessment of Femoral Head and Head-Neck Junction Perfusion Following Surgical Hip Dislocation Using Gadolinium Enhanced MRI: A Cadaveric Study

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						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
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5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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						ADD
7. Other	☑	☐	☐			✕
						ADD

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						ADD
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						ADD
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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
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						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Nadine
2. Surname (Last Name): Pardee
3. Effective Date (07-August-2008): 22-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Lionel E. Lazaro, MD

5. Manuscript Title
Assessment of Femoral Head and Head-Neck Junction Perfusion Following Surgical Hip Dislocation Using Gadolinium Enhanced MRI: A Cadaveric Study

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						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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1. Board membership	☑	☐	☐			✕
						ADD
2. Consultancy	☑	☐	☐			✕
						ADD
3. Employment	☑	☐	☐			✕
						ADD
4. Expert testimony	☑	☐	☐			✕
						ADD
5. Grants/grants pending	☑	☐	☐			✕
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			✕
						ADD
7. Payment for manuscript preparation	☑	☐	☐			✕

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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. 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)	☑	☐	☐			×
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Dean G.
2. Surname (Last Name): Lorich
3. Effective Date (07-August-2008): 22-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Lionel E. Lazaro, MD

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name): Craig
2. Surname (Last Name): Klinger
3. Effective Date (07-August-2008): 22-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Lionel E. Lazaro, MD

5. Manuscript Title
Assessment of Femoral Head and Head-Neck Junction Perfusion Following Surgical Hip Dislocation Using Gadolinium Enhanced MRI: A Cadaveric Study

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						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
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						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			×
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						ADD
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						ADD
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4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): David
2. Surname (Last Name): Helfet
3. Effective Date (07-August-2008): 22-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Lionel E. Lazaro, MD

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name): Jonathan
2. Surname (Last Name): Dyke
3. Effective Date (07-August-2008): 21-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Lionel E. Lazaro, MD

5. Manuscript Title
Assessment of Femoral Head and Head-Neck Junction Perfusion Following Surgical Hip Dislocation Using Gadolinium Enhanced MRI: A Cadaveric Study

6. Manuscript Identifying Number (if you know it)

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