ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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): Mansour
2. Surname (Last Name): Abolghasemian
3. Effective Date (07-August-2008): 04-November-2012

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

5. Manuscript Title: Hips with synovial chondromatosis may display the features of femoroacetabular impingement

6. Manuscript Identifying Number (if you know it):

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						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
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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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4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
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						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Oleg
2. Surname (Last Name): Safir
3. Effective Date (07-August-2008): 01-November-2012

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

Corresponding Author's Name: Mansour Abolghasemian

5. Manuscript Title: Hips with synovial chondromatosis may display the features of femoroacetabular impingement

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1. Given Name (First Name): Zahra
2. Surname (Last Name): Masdaree
3. Effective Date (07-August-2008): 01-November-2012

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

Corresponding Author's Name: Mansour Abolghasemian

5. Manuscript Title: Hips with synovial chondromatosis may display the features of femoroacetabular impingement

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1. Given Name (First Name): Paul
2. Surname (Last Name): Kuzyk
3. Effective Date (07-August-2008): 01-November-2012

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: Mansour Abolghasemian

5. Manuscript Title: Hips with synovial chondromatosis may display the features of femoroacetabular impingement

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						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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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
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)	☑	☐	☐			×
						ADD

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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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Section 1. Identifying Information

1. Given Name (First Name): Kaveh
2. Surname (Last Name): Gharanizadeh
3. Effective Date (07-August-2008): 01-November-2012

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

Corresponding Author's Name: Mansour Abolghasemian

5. Manuscript Title: Hips with synovial chondromatosis may display the features of femoroacetabular impingement

6. Manuscript Identifying Number (if you know it):

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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 for Publication

Type	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
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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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			×
						ADD

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						ADD
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4. Expert testimony	☑	☐	☐			×
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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
13. Other (err on the side of full disclosure)	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Mohammad
2. Surname (Last Name): Fakharian
3. Effective Date (07-August-2008): 01-November-2012

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name: Mansour Abolghasemian
5. Manuscript Title: Hips with synovial chondromatosis may display the features of femoroacetabular impingement
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						ADD
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