

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.

Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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

Relationships not covered above.

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

Bedi 1



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Asheesh	2. Surname (Last Name) Bedi	3. Date 16-May-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Peter Fabricant
5. Manuscript TitleThe Effect of Femoral and Acetabular VeSurgery6. Manuscript Identifying Number (if you known)JBJS-D-14-00266R1		es After Arthroscopic Femoroacetabular Impingement
Section 2. The Work Under Co	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial a	activities outside the s	ubmitted work.
of compensation) with entities as describ	bed in the instructions. Us ort relationships that wer st?	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Name of Entity	Grant? Personal Nor	n-Financial Other? Comments
Pivot Medical		Paid Consultant
Smith & Nephew		Paid Consultant
A3 Surgical		Stock or Stock Options
Section 4. Intellectual Proper	ty Patents & Copyric	hts
Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the work? Yes V No

Bedi 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Bedi reports submitted work;	personal fees from Pivot Medical, personal fees from Smith & Nephew, other from A3 Surgical, outside the

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Fabricant 1



Section 1. Ide	entifying Informa	tion		
Given Name (First Nat Peter	me)	2. Surname (Last Name Fabricant	<u>a</u>)	3. Date 16-May-2014
4. Are you the correspon	nding author?	✓ Yes No		
5. Manuscript Title The Effect of Femoral Surgery	and Acetabular Vers	sion on Clinical Outc	omes After Arthroscopic Femo	oroacetabular Impingement
6. Manuscript Identifyin JBJS-D-14-00266R1	g Number (if you know	w it)		
Section 2. The	· Work Under Cor	nsideration for Pu	blication	
	tted work (including b	out not limited to grants	s, data monitoring board, study d	ommercial, private foundation, etc.) for lesign, manuscript preparation,
Section 3. Rela	evant financial ac	ctivities outside th	ne submitted work.	
of compensation) with	n entities as describe ox. You should repo	ed in the instructions ort relationships that	s. Use one line for each entity; were present during the 36 i	elationships (regardless of amount add as many lines as you need by months prior to publication .
Section 4.	lla storal Duament	. Determine 0 Comm	winks.	
Inte	illectual Property	y Patents & Cop	yrights	
Do you have any pate	nts, whether planne	ed, pending or issued	l, broadly relevant to the work	</th

Fabricant 2



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Dr. Fabricant has nothing to disclose.

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Fields 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Kara	rst Name)	2. Surname (Last Name) Fields	3. Date 16-May-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Peter Fabricant
5. Manuscript Title The Effect of Fer Surgery		ersion on Clinical Outcome	es After Arthroscopic Femoroacetabular Impingement
6. Manuscript Ide	ntifying Number (if you kr 5R1	now it)	
			-
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	submitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
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Do you have any		.,	oadly relevant to the work? Yes V No

Fields 2



Section 5. Relationships not covered above
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Kelly 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Bryan	2. Surname (Last Name) Kelly		3. Date 16-May-2014	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Auth		
	lanuscript Title Effect of Femoral and Acetabular Version on Clinical Outcomes After Arthroscopic Femoroacetabular Impingement			
Surgery 6. Manuscript Identifying Number (if you ki JBJS-D-14-00266R1	now it)	_		
Continue 2				
Section 2. The Work Under C	onsideration for Publi	cation		
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?				
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Are there any relevant conflicts of inter-				
If yes, please fill out the appropriate info	ormation below.			
Name of Entity	Grant? Personal No	n-Financial Other	Comments	
Pivot Medical	✓		Stock or Stock Options, Research Support	
Smith & Nephew			Speakers bureau, paid consultant	
A3 Surgical			Stock or Stock Options	
Mitek	√		Research Support	

Kelly 2



Soutien A				
Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V				
Section 5. Relationships not covered above				
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Dr. Kelly reports grants and other from Pivot Medical, personal fees from Smith & Nephew, other from A3 Surgical, grants from Mitek, outside the submitted work; .				

Evaluation and Feedback

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Magennis 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Erin	2. Surname (Last Name) Magennis		3. Date 16-May-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nam Peter Fabricant	ne
5. Manuscript Title The Effect of Femoral and Acetabular V Surgery	ersion on Clinical Outcome	es After Arthroscopic Femoro	oacetabular Impingement
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Do you have any patents, whether plan	ned, pending or issued, bro	oadly relevant to the work?	☐ Yes ✓ No

Magennis 2



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Issued: The patent has been issued by the agency

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Samuel	2. Surname (Last Name) Taylor	3. Date 16-May-2014
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Peter Fabricant
5. Manuscript Title The Effect of Femoral and Acetabular V Surgery	rersion on Clinical Outcome	es After Arthroscopic Femoroacetabular Impingement
6. Manuscript Identifying Number (if you k JBJS-D-14-00266R1	now it)	_
Section 2. The Work Under C	onsideration for Public	cation
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