ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name): Jeffrey
2. Surname (Last Name): Nepple
3. Date: 16-February-2014

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title: Femoroacetabular Impingement Clinical Presentation and Disease Characteristics are Sex-Dependent

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

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name): James
2. Surname (Last Name): Ross
3. Date: 16-February-2014

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

Corresponding Author's Name: Jeffrey Nepple

5. Manuscript Title: Femoroacetabular Impingement Clinical Presentation and Disease Characteristics are Sex-Dependent

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

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1. Given Name (First Name): Cassandra
2. Surname (Last Name): Riggs
3. Date: 16-February-2014

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

Corresponding Author's Name: Jeffrey Nepple

5. Manuscript Title: Femoroacetabular Impingement Clinical Presentation and Disease Characteristics are Sex-Dependent

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1. Given Name (First Name): John
2. Surname (Last Name): Clohisy
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Corresponding Author's Name: Jeffrey Nepple

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pivot Medical	☑	☐	☐	☐	
Zimmer, Inc.	☑	☐	☐	☐	
Smith and Nephew	☑	☐	☐	☐	

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