

#### 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.

## 1. Identifying information.

## 2. The work under consideration for publication.

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#### 3. Relevant financial activities outside the submitted work.

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## 4. Intellectual Property.

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

## 5. Relationships not covered above.

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Section 1. Identifying In	formation	
1. Given Name (First Name) Marc	2. Surname (Last Name) Philippon	3. Date 23-February-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Robert F. LaPrade, MD, PhD
5. Manuscript Title Clinically and Arthroscopically Rel	evant Acetabular Anatomy	

## Section 2. The Work Under Consideration for Publication

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.)?

🖌 No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees <b>?</b>	Non-Financial Support?	Other?	Comments	
Smith & Nephew	$\checkmark$					
Smith & Nephew		$\checkmark$			Patents	
Smith & Nephew		$\checkmark$			Royalties	
Arthrosurface		$\checkmark$			Royalties	
DonJoy		$\checkmark$			Royalties	
Slack		$\checkmark$			Royalties	
Elsevier		$\checkmark$			Royalties	
Arthrosurface		$\checkmark$			Stock	



Name of Entity	Grant?	Personal Fees <mark>?</mark>	Non-Financial Support?	Other?	Comments	
НІРСО		$\checkmark$			Stock	

# Section 4. Intellectual Property -- Patents & Copyrights

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LO VOL have any patents, whether planned, bending or issued, proadly relevant to the w	(es L.
Do you have any patents, whether planned, pending or issued, broadly relevant to the w	

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#### Section 6.

**Disclosure Statement** 

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Philippon reports grants from Smith & Nephew, personal fees from Smith & Nephew, personal fees from Smith & Nephew, personal fees from Arthrosurface, personal fees from DonJoy, personal fees from Slack, personal fees from Elsevier, personal fees from Arthrosurface, personal fees from HIPCO, outside the submitted work; .

#### **Evaluation and Feedback**

Please visit <u>http://www.icmje.org/cgi-bin/feedback</u> to provide feedback on your experience with completing this form.

No



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Section 1.	Identifying Infor	mation	
<ol> <li>Given Name (Find Robert F.</li> <li>Are you the cordinate of the second seco</li></ol>	rst Name) responding author?	2. Surname (Last Name) LaPrade ✓ Yes No	3. Date 23-February-2014
		nt Acetabular Anatomy	

6. Manuscript Identifying Number (if you know it)

JBJS-D-13-01502

## Section 2. The Work Under Consideration for Publication

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.)?

✓ No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest?  $\checkmark$  Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees <b>?</b>	Non-Financial Support?	Other?	Comments	
Health East Norway	$\checkmark$					
Arthrex		$\checkmark$			Consultant	

Section 4.

#### Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🗸 No



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Dr. LaPrade reports grants from Health East Norway, personal fees from Arthrex, outside the submitted work; .

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1. Given Name (Fin Mary T.	rst Name)	2. Surname (Last Name) Goldsmith	3. Date 23-February-2014
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Robert F. LaPrade, MD, PhD
5. Manuscript Title Clinically and Art		nt Acetabular Anatomy	
6. Manuscript Ider JBJS-D-13-01502	ntifying Number (if you l !	know it)	

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Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$
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Do you have any patents, whether planned, penuing of issued, broadly relevant to the work?     res   $\mathbf{v}$   no	e any patents, whether planned, pending or issued, broadly relevant to	the work?	Yes	🖌 No
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Dr. Goldsmith has nothing to disclose.

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1. Given Name (First Name) Max P.	2. Surname (Last Name) Michalski	3. Date 23-February-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Robert F. LaPrade, MD, PhD
5. Manuscript Title Clinically and Arthroscopically Releva	int Acetabular Anatomy	
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Are there any relevant conflicts of interest?		Yes	$\checkmark$
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🛛 🗸 No	Do you have any	patents, whethe	r planned, pending	g or issued, broa	adly relevant to	the work? 🗌	Yes	🖌 No	2
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Dr. Michalski has nothing to disclose.

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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$
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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Intellectual Property.

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

## 5. Relationships not covered above.

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.

#### **Definitions.**

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting , lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Royalties: Funds are coming in to you or your institution due to your



Section 1. Identifying Inf	ormation	
1. Given Name (First Name) Coen A.	2. Surname (Last Name) Wijdicks	3. Date 23-February-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Robert F. LaPrade, MD, PhD
5. Manuscript Title Clinically and Arthroscopically Relev	vant Acetabular Anatomy	

## Section 2. The Work Under Consideration for Publication

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.)?

🖌 No

Are there any relevant conflicts of interest?	Yes
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# 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 publication**.

No

Are there any relevant conflicts of interest?		Yes	$\checkmark$
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$\mathbf{v}$	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	Yes	🖌 No	
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## Section 5. Relationships not covered above

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?

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

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

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.

## Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Wijdicks has nothing to disclose.

#### **Evaluation and Feedback**



#### 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.

## 1. Identifying information.

## 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Brian	2. Surname (Last Name) Devitt	3. Date 23-February-201
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Robert F. LaPrade, MD, PhD
5. Manuscript Title Clinically and Arthroscopically Releva	nt Acetabular Anatomy	

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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$
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Do you have any patents, whether planned, penuing of issued, broadly relevant to the work?     res   $\mathbf{v}$   no	patents, whether planned, pending or issued, broadly relevant to the w	ork? Yes 🖌	No
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Dr. Devitt has nothing to disclose.

#### **Evaluation and Feedback**