

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.

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Perets 1



| Section 1. | Identifying Inform | nation | |
|---|--|--|--|
| 1. Given Name (Fir | st Name) | 2. Surname (Last Name) Perets | 3. Date 03-January-2017 |
| 4. Are you the corr | you the corresponding author? Yes Volume Corresponding Author's Name Benjamin G. Domb | | |
| | | • • | ent of Femoroacetabular Impingement and Labral Tears in |
| | ntifying Number (if you kn | • | |
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| Section 2. | The Work Under Co | onsideration for Public | zation |
| any aspect of the su statistical analysis, | ubmitted work (including | but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, |
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| of compensation clicking the "Add |) with entities as descri | bed 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 se present during the 36 months prior to publication . |
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Perets 2



| Section 5. Relationships not severed above |
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| 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? |
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| Section 6. Disclosure Statement |
| Disclosure Statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Perets has nothing to disclose. |

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Perets 3



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Chaharbakhshi 1



| Section 1. | Identifying Inform | nation | | |
|---|---|---|---|--|
| 1. Given Name (Fi Edwin | rst Name) | 2. Surname (Last Name) Chaharbakhshi | 3. Date 03-January-2017 | |
| 4. Are you the cor | corresponding author? Yes Vo Corresponding Author's Na Benjamin G. Domb | | Corresponding Author's Name Benjamin G. Domb | |
| 5. Manuscript Title Minimum Five-Year Outcomes of Hip Arthroscopy for the Treatment of Femoroacetabular Impingement and Labral Tears in Patients with Obesity: A Match-Controlled Study 6. Manuscript Identifying Number (if you know it) | | | | |
| Section 2. | The Work Under Co | onsideration for Public | ration | |
| any aspect of the s statistical analysis, | ubmitted work (including | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, | |
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| of compensation clicking the "Add Are there any rel | ı) 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 . | |
| Section 4. | Intellectual Proper | rty Patents & Copyric | yhts | |
| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No | |

Chaharbakhshi 2



| Section 5. Relationships not severed above |
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Chen 1



| Section 1. | dentifying Inform | ation | | |
|--|---|---|--|--|
| 1. Given Name (First N Austin | Name) | 2. Surname (Last Name) Chen | | Date 3-January-2017 |
| 4. Are you the corresp | | | Corresponding Author's Name Benjamin G. Domb | |
| | Outcomes of Hip Ar ty: A Match-Controlle | | ent of Femoroacetabular Impir | ngement and Labral Tears in |
| | ying Number (if you kno | • | | |
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| Section 2. Th | he Work Under Co | nsideration for Public | ation | |
| any aspect of the subn statistical analysis, etc. | nitted work (including | but not limited to grants, da | a third party (government, comm ta monitoring board, study desigr | nercial, private foundation, etc.) for n, manuscript preparation, |
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| of compensation) w clicking the "Add +" | ith entities as descril | oed in the instructions. Us ort relationships that wer | | onships (regardless of amount as many lines as you need by other to publication. |
| Section 4. | | _ | | |
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| Do you have any pa | tents, whether planr | ned, pending or issued, br | oadly relevant to the work? | Yes ✓ No |

Chen 2



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|---|--|------------------------|-------------|--|---------|
| 1. Given Name (First Name) Benjamin | 2. Surname (Last Nar Domb | ne) | | 3. Date 03-January-2017 | |
| 4. Are you the corresponding author? | ✓ Yes No | | | | |
| 5. Manuscript TitleMinimum Five-Year Outcomes of Hip ArtPatients with Obesity: A Match-Controlle6. Manuscript Identifying Number (if you kno | d Study | eatment of Femor | roacetabula | ar Impingement and Labral Tears | in |
| Section 2. The Work Under Co | naidovation for D | uhlisation | | | |
| Did you or your institution at any time receive any aspect of the submitted work (including be statistical analysis, etc.)? Are there any relevant conflicts of interes | e payment or services out not limited to gran | from a third party (| | | c.) for |
| Section 3. Relevant financial a | ctivities 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 . Are there any relevant conflicts of interest? Ves No If yes, please fill out the appropriate information below. | | | | | |
| Name of Entity | Grant? Personal Fees? | Non-Financial Support? | Other? | Comments | |
| Arthrex | | | | Research Support to AHI/Consulting/ Royalties | |
| Breg | | | √ R | Research Support to AHI | |
| ATI | | | √ R | Research Support to AHI | |
| Pacira | | | √ R | Research Support to AHI/Consulting | |
| Stryker | | | ✓ R | Research Support to AHI/Consulting | |
| Orthomerica | | | | Royalties | |
| DJO Global | | | R | Royalties | |



| Name of Entity | Grant' | n-Financial Other? | Comments |
|---|--|--|--|
| Amplitude | | | Consulting |
| Section 4 | | | |
| Section 4. Intellectual Propert | y Patents & Copyri | ghts | |
| Do you have any patents, whether planne | ed, pending or issued, b | roadly relevant to the w | rork? Yes V No |
| Section 5. Relationships not co | overed above | | |
| Are there other relationships or activities potentially influencing, what you wrote in | | eive to have influenced, | or that give the appearance of |
| ✓ Yes, the following relationships/cond | litions/circumstances are | present (explain below | v): |
| No other relationships/conditions/cire | cumstances that presen | t a potential conflict of i | nterest |
| Dr. Domb is a board member for America performed. Dr. Domb is also a board men | - | | institute where our studies are |
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| Dr. Domb reports personal fees and other Pacira, personal fees and other from Stry from Amplitude, outside the submitted research and is the institute where our st Center Committee. | ker, personal fees from (work; and Dr. Domb is a | Orthomerica, personal fe a board member for Ame | ees from DJO Global, personal fees erican Hip Institute, which funds |



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Rybalko 1



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|---|--|--|---|
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| 4. Are you the corre | corresponding author? Yes Von Corresponding Author's Name Benjamin G. Domb | | |
| | ear Outcomes of Hip Ar esity: A Match-Controll | • • | ent of Femoroacetabular Impingement and Labral Tears in |
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| | Intellectual Proper | ty Patents & Copyric | ints |
| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes 🗸 No |

Rybalko 2



| Section 5. | Deletionships not servered above |
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| | 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? |
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| Section 6. | Disclosure Statement |
| Based on the abo below. | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| Mr. Rybalko has | nothing to disclose. |

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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.

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 patent

Mu 1



| Section 1. Identifying Inform | nation | | |
|---|--|---|--|
| 1. Given Name (First Name) Brain | 2. Surname (Last Name) Mu | 3. Date 31-October-2017 | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Benjamin G. Domb | |
| 5. Manuscript Title Minimum Five-Year Outcomes of Hip Arthroscopy for the Treatme Patients with Obesity: A Match-Controlled Study | | ent of Femoroacetabular Impingement and Labral Tears in | |
| 6. Manuscript Identifying Number (if you k | now it) | | |
| | | - | |
| Section 2. The Work Under C | Consideration for Public | ation | |
| Did you or your institution at any time rece | eive payment or services from g but not limited to grants, dat | 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 | |
| Place a check in the appropriate boxes of compensation) with entities as descr | in the table to indicate whe ribed in the instructions. Us eport relationships that were | 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. | |
| Section 4. Intellectual Prope | rty Patents & Copyrig | ıhts | |
| Do you have any patents, whether plan | | | |

Mu 2



| Section 5. Relationships not covered above |
|--|
| 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. |
| Mr. Mu has nothing to disclose. |

Evaluation and Feedback

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

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