

#### 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.

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### 4. Intellectual Property.

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

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Section 1. Identifying Information   1. Given Name (First Name) 2. Surname (Last Name) 3. Date   Jonathan Godin 08-September-2017
4. Are you the corresponding author? Yes ✓ No Corresponding Author's Name Marc J. Philippon
5. Manuscript Title Labral Augmentation with Native Tissue Preservation: A Case Report with 7.5 Year Follow-Up
6. Manuscript Identifying Number (if you know it)
Section 2. The Work Under Consideration for Publication
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc. 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? Yes $\checkmark$ No
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# Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	١o
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Dr. Godin has nothing to disclose.

#### **Evaluation and Feedback**



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1. Given Name (First Name) Karen	2. Surname (Last Name) Briggs		3. Date 08-September-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Marc J. Philippon	me
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Are there any relevant conflicts of inter	rest? Yes 🖌 No		
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Ms. Briggs has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Marc	irst Name)	2. Surname (Last Name) Philippon	3. Date 28-February-2016
4. Are you the co	rresponding author?	✓ Yes No	
5. Manuscript Titl Labral Augment		ue Preservation: A Case Report with 7.5	Year Follow-Up
	ation with Native Tiss ntifying Number (if you F		Year Follow-Up

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🖌 No

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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?	Non-Financial Support?	Other?	Comments
ISHA				$\checkmark$	Board Member
Smith & Nephew	$\checkmark$				Royalities
Arthrosurface				$\checkmark$	Royalities, stockholder
DonJoy				$\checkmark$	Royalities
Slack, Elsevier				$\checkmark$	Royalities
Linvatec				$\checkmark$	Royalities
HIPCO, MIS		$\checkmark$		$\checkmark$	Consultantcy, Stockholder
Ossur, Siemens, Vail Valley Medical Center	$\checkmark$				



#### Section 4.

#### Intellectual Property -- Patents & Copyrights

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
United States Patent 11/839,721 Anchor Delivery System		$\checkmark$	$\checkmark$	$\checkmark$	Smith and Nephew		

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Dr. Philippon reports other from ISHA, grants from Smith & Nephew, other from Arthrosurface, other from DonJoy, other from Slack, Elsevier, other from Linvatec, personal fees and other from HIPCO, MIS, grants from Ossur, Siemens, Vail Valley Medical Center, outside the submitted work; In addition, Dr. Philippon has a patent United States Patent 11/839,721 Anchor Delivery System with royalties paid from Smith and Nephew.



**Evaluation and Feedback**