

#### **Instructions**

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Chen 1



Section 1. Iden	tifying Information			
Given Name (First Nam Jeffery	e) 2. Sur Chen	name (Last Name)	3. Date 23-July-2018	
4. Are you the corresponding author?		s 🗸 No	Corresponding Author's Nam Benjamin G. Domb	ne
5. Manuscript Title Arthroscopic Iliopsoas F	Fractional Lengthening			
6. Manuscript Identifying	Number (if you know it)			
			_	
Section 2. The \	Work Under Conside	ration for Publ	cation	
Did you or your institution <b>at any time</b> 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?  Yes  No				
Continu 2				
Section 3. Relev	vant financial activit	ies outside the	submitted work.	
of compensation) with	entities as described in t k. You should report rela	the instructions. U		ntionships (regardless of amount dd as many lines as you need by onths prior to publication.
c shere any relevante		. 55		
Section 4.	lectual Property Pa	stants & Capyri	ahts	
ınteli	lectual Property Pa	itents & Copyri	giits	
Do you have any patent	ts, whether planned, pe	nding or issued, b	roadly relevant to the work?	Yes ✓ No

Chen 2



Section 5.	
	Relationships not covered above
	relationships 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 follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	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.
Continue	
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Mr. Chen has no	thing to disclose.

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Battaglia 1



Section 1.	dentifying Inform	ation		
1. Given Name (First Muriel	Given Name (First Name)  Muriel		3. Date 23-July-2018	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Benjamin G. Domb	
5. Manuscript Title Arthroscopic Iliops	oas Fractional Length	ening		
6. Manuscript Identif	ying Number (if you kn	ow it)		
			_	
Section 2.	he Work Under Co	nsideration for Public	cation	
Did you or your institution <b>at any time</b> 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?  Yes  Vo				
Section 3.	elevant financial a	activities outside the s	ubmitted work.	
of compensation) v clicking the "Add +	vith entities as descril	oed in the instructions. Us ort 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.	
Section 4.	ntellectual Proper	ty Patents & Copyric	hts	
Do you have any pa	atents, whether planr	ed, pending or issued, br	oadly relevant to the work? Yes V No	

Battaglia 2



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
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Dr. Battaglia has nothing to disclose.

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Section 1. Identifying Inform	ation				
Given Name (First Name)  Benjamin	2. Surname (Last Na	ame)		3. Date 23-July-2018	
4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title Arthroscopic Iliopsoas Fractional Length	nening				
6. Manuscript Identifying Number (if you kn	ow it)				
Section 2. The Work Under Co	onsideration for	Publication			
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to gra				for
Section 3. Relevant financial	activities outside	the submitted	work.		
Place a check in the appropriate boxes in of compensation) with entities as descriclicking the "Add +" box. You should rep	bed in the instruction ort relationships the	ons. Use one line for at were <b>present d</b>	or each enti	ity; add as many lines as you need b	
Are there any relevant conflicts of intere		No			
If yes, please fill out the appropriate info	rmation below.				
Name of Entity	Grant? Persona	Non-Financial Support?	Other?	Comments	
Adventist Hinsdale Hospital			C	onsulting Fees	
Amplitude			c	onsulting Fees	
Arthrex		<b>✓</b>		esearch Support to AHI, Consulting ees and Royalties	
DJO Global			R	oyalties	
Medacta		<b>✓</b>		esearch Support to AHI ndConsulting Fees	
Orthomerica			R	oyalties	



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Pacira		<b>✓</b>	<b>✓</b>		Research Support to AHI andConsulting Fees	
tryker		<b>✓</b>	<b>✓</b>		Research Support to AHI and Consulting Fees	
Section 4. Intellectual Propert	y Pate	ents & Cop	oyrights			
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? Yes V No	
Section 5. Relationships not c	overed	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						
Dr. Domb is a board member for American Hip Institute, AANA Learning Center Committee and Arthroscopy Journal; Receives research support to AHI from American Hip Institute, Medacta, Sryker; Research grant from Arthrex and Parcia; Consulting Fees from Adventist Hinsdale Hospital, Arthrex, Medacta, Pacira, MAKO surgical corperation, and Stryker; Receives royalties from Arthrex, DJO Global, Stryker and Orthomerica; Educational funding from Arthrex, and Midwest Associates; Travel and lodging from Arthrex, Medacta, and Stryker; Food and beverage from Arthrex, Medacta, Stryker; outside of submitted work.						

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#### Section 6.

#### **Disclosure Statement**

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Dr. Domb reports personal fees from Adventist Hinsdale Hospital, personal fees from Amplitude, personal fees and non-financial support from Arthrex, personal fees from DJO Global, personal fees and non-financial support from Medacta, personal fees from Orthomerica, personal fees and non-financial support from Pacira, personal fees and non-financial support from Stryker, outside the submitted work; and Dr. Domb is a board member for American Hip Institute, AANA Learning Center Committee and Arthroscopy Journal

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Lall 1



Section 1. Identifyin	g Information	
1. Given Name (First Name) Ajay	2. Surname (Last Name) Lall	3. Date 23-July-2018
4. Are you the corresponding au	thor? Yes V No	Corresponding Author's Name Benjamin G. Domb
5. Manuscript Title Arthroscopic Iliopsoas Fractio	nal Lengthening	
6. Manuscript Identifying Number	er (if you know it)	
		_
Section 2. The Work	Under Consideration for Publi	cation
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If yes, please fill out the appro		
Name of Entity	Grant? Personal No	on-Financial Other? Comments
Stryker		✓ Travel and Lodging
Smith & Nephew	✓	Paid to Institution
Section 4. Intellectua	al Property Patents & Copyri	ghts
Do you have any patents, who	ether planned, pending or issued, b	roadly relevant to the work? Yes V No

Lall 2



Section 5.	Deletionaline not consulate one
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Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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Cartier C	
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Dr. Lall reports n	on-financial support from Stryker , grants from Smith & Nephew , outside the submitted work; .

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Laseter 1



Section 1. Identif	fying Information	
Given Name (First Name)  Joseph	2. Surname (Last Name) Laseter	3. Date 23-July-2018
4. Are you the correspondin	g author? Yes V	Corresponding Author's Name Benjamin G. Domb
5. Manuscript Title Arthroscopic Iliopsoas Fra	actional Lengthening	
6. Manuscript Identifying Nu	umber (if you know it)	
Section 2. The Wo	ork Under Consideration for Pub	lication
	work (including but not limited to grants, o	m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
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Laseter 2



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

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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

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Section 1.	Identifying Inform	nation			
1. Given Name (Fi David	rst Name)	2. Surname (Last Name) Maldonado	3. Date 23-July-2018		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Benjamin G. Domb		
5. Manuscript Title Arthroscopic Ilio	e psoas Fractional Lengt	hening			
6. Manuscript Ide	ntifying Number (if you kr	now it)			
			_		
Section 2.	The Work Under C	onsideration for Public	ration		
Did you or your institution <b>at any time</b> 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? Yes V No					
Section 3.	Relevant financial	activities outside the s	submitted work.		
of compensation clicking the "Add	n) with entities as descr	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 re present during the 36 months prior to publication.		
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts		
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No		

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Section 5. Relationships not severed 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.
Dr. Maldonado has nothing to disclose.

### **Evaluation and Feedback**

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

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