

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jennifer

2. Surname (Last Name)

Kurowicki

3. Date

14-July-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Anthony Scillia

5. Manuscript Title

Abductor Tendon Tears of the Hip

6. Manuscript Identifying Number (if you know it)

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Dr. Kurowicki has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anthony

2. Surname (Last Name)
Festa

3. Date
15-May-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Anthony Scillia

5. Manuscript Title
Abductor Tendon Tears of the Hip

6. Manuscript Identifying Number (if you know it)

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Board member of the American Academy of Orthopaedic Surgeons

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1. Given Name (First Name)

Kimona

2. Surname (Last Name)

Issa

3. Date

15-May-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Anthony Scillia

5. Manuscript Title

Abductor Tendon Tears of the Hip

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Dr. Issa has nothing to disclose.

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1. Given Name (First Name)
Vincent

2. Surname (Last Name)
McInerney

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15-May-2017

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☐ Yes

☒ No

Corresponding Author's Name
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Board member of the New Jersey Orthopaedic Society and MD Advantage

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Section 1. Identifying Information

1. Given Name (First Name) Todd	2. Surname (Last Name) Pierce	3. Date 27-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anthony Scillia
5. Manuscript Title Abductor Tendon Tears of the Hip		
6. Manuscript Identifying Number (if you know it)		

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Shaklee, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ISO Biologics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Pierce reports personal fees from Shaklee, Inc., grants and personal fees from ISO Biologics, outside the submitted work.

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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 Information

1. Given Name (First Name)
Anthony

2. Surname (Last Name)
Scillia

3. Date
27-October-2017

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

5. Manuscript Title
Abductor Tendon Tears of the Hip

6. Manuscript Identifying Number (if you know it)

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.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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**.

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Mitek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ISO Biologics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research support

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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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?

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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. Scillia reports personal fees from Mitek , grants from ISO Biologics, outside the submitted work.

Evaluation and Feedback

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