

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Randy

2. Surname (Last Name)
Mascarenhas

3. Date
09-March-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Shane Nho, MD

5. Manuscript Title
Greater Trochanteric Pain Syndromes of the Hip

6. Manuscript Identifying Number (if you know it)

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Dr. Mascarenhas has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Simon

2. Surname (Last Name)
Lee

3. Date
09-March-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Shane Nho, MD

5. Manuscript Title
Greater Trochanteric Pain Syndromes of the Hip

6. Manuscript Identifying Number (if you know it)

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Dr. Lee has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Rachel

2. Surname (Last Name)

Frank

3. Date

07-March-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Shane J Nho MD MS

5. Manuscript Title

GREATER TROCHANTERIC PAIN SYNDROME OF THE HIP

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Charles

2. Surname (Last Name)
Bush-Joseph

3. Date
09-March-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Shane Nho, MD

5. Manuscript Title
Greater Trochanteric Pain Syndromes of the Hip

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Michael	2. Surname (Last Name) Salata	3. Date 09-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shane Nho, MD
5. Manuscript Title Greater Trochanteric Pain Syndromes of the Hip		
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Linvatec	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Shane

2. Surname (Last Name)
Nho

3. Date
09-March-2014

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

5. Manuscript Title
Greater Trochanteric Pain Syndromes 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
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Pivot Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Ossur	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Pivot Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock
Stryker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pivot Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allosource	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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 ☒ No

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

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