

ICMJE DISCLOSURE FORM

Date: 7/04/2022_____

Your Name: Jessica Bugeja_____

Manuscript Title: Automated volumetric and statistical shape assessment of cam-type morphology of the femoral head-neck region from clinical 3D magnetic resonance images

Manuscript number (if known):_____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

<p>I have no conflicts of interest.</p>

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 5/04/2022 _____

Your Name: Ying Xia _____

Manuscript Title: Automated volumetric and statistical shape assessment of cam-type morphology of the femoral head-neck region from clinical 3D magnetic resonance images

Manuscript number (if known): _____

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Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 5/04/2022 _____
Your Name: Shekhar Chandra _____
Manuscript Title: Automated volumetric and statistical shape assessment of cam-type morphology of the femoral head-neck region from clinical 3D magnetic resonance images
Manuscript number (if known): _____

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	services		
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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NHMRC national funding grant. No obvious conflicts.

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ICMJJE DISCLOSURE FORM

Date: 5/04/2022_____

Your Name: Nicholas Murphy_____

Manuscript Title: Automated volumetric and statistical shape assessment of cam-type morphology of the femoral head-neck region from clinical 3D magnetic resonance images

Manuscript number (if known):_____

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or	<input checked="" type="checkbox"/> None	

	advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 5/04/2022_____

Your Name: Jillian Eyles_____

Manuscript Title: Automated volumetric and statistical shape assessment of cam-type morphology of the femoral head-neck region from clinical 3D magnetic resonance images

Manuscript number (if known):_____

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Time frame: past 36 months			
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__ None	
6	Payment for expert testimony	__X__ None	
7	Support for attending meetings and/or travel	__X__ None	
8	Patents planned, issued	__X__ None	

	or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 5/04/2022 _____

Your Name: Libby Spiers _____

Manuscript Title: Automated volumetric and statistical shape assessment of cam-type morphology of the femoral head-neck region from clinical 3D magnetic resonance images

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 5/04/2022 _____
 Your Name: Stuart Crozier _____

Manuscript Title: Automated volumetric and statistical shape assessment of cam-type morphology of the femoral head-neck region from clinical 3D magnetic resonance images
 Manuscript number (if known): _____

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 5/04/2022 _____

Your Name: David Hunter _____

Manuscript Title: Automated volumetric and statistical shape assessment of cam-type morphology of the femoral head-neck region from clinical 3D magnetic resonance images

Manuscript number (if known): _____

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Pfizer, Lilly, TLCBio, Novartis, Tissuegene, Biobone	Provides consulting advice on scientific advisory boards
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 5/04/2022_____

Your Name: Jurgen Fripp_____

Manuscript Title: Automated volumetric and statistical shape assessment of cam-type morphology of the femoral head-neck region from clinical 3D magnetic resonance images

Manuscript number (if known):_____

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ICMJE DISCLOSURE FORM

Date: 5/04/2022_____

Your Name: Craig Engstrom_____

Manuscript Title: Automated volumetric and statistical shape assessment of cam-type morphology of the femoral head-neck region from clinical 3D magnetic resonance images

Manuscript number (if known):_____

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	materials, drugs, medical writing, gifts or other services		
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