

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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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)  
Soshi

2. Surname (Last Name)  
Uchida

3. Date  
12-March-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Combined open and arthroscopic approaches in hip preservation surgery

6. Manuscript Identifying Number (if you know it)  
AOJ-18-45

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S Uchida is a consultant for Smith & Nephew and Zimmer-Biomet and receive research fund from Smith & Nephew, Pfizer and Johnson & Johnson.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Dean

2. Surname (Last Name)  
Matsuda

3. Date  
12-March-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Soshi Uchida

5. Manuscript Title  
Combined open and arthroscopic approaches in hip preservation surgery

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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
Zimmer-Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid consultant

### Section 4. Intellectual Property -- Patents & Copyrights

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DKM is a consultant for Zimmer-Biomet.

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### Section 1. Identifying Information

1. Given Name (First Name) Emily	2. Surname (Last Name) Miya	3. Date 12-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Soshi Uchida
5. Manuscript Title Combined open and arthroscopic approaches in hip preservation surgery		
6. Manuscript Identifying Number (if you know it) AOJ-18-45		

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Dr. Miya 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) Akira	2. Surname (Last Name) Saho	3. Date 12-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Soshi Uchida
5. Manuscript Title Combined open and arthroscopic approaches in hip preservation surgery		
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Dr. Saho has nothing to disclose.

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Soshi Uchida
5. Manuscript Title Combined open and arthroscopic approaches in hip preservation surgery		
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Dr. Sakai has nothing to disclose.

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