

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Justin

2. Surname (Last Name)

Arner

3. Date

05-January-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Craig S. Mauro

5. Manuscript Title

Evaluation and treatment of groin pain syndromes in athletes

6. Manuscript Identifying Number (if you know it)

AOJ-19-196

### Section 2. The Work Under Consideration for Publication

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Dr. Arner 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) Ryan	2. Surname (Last Name) Li	3. Date 05-January-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Craig S. Mauro
5. Manuscript Title Evaluation and treatment of groin pain syndromes in athletes		
6. Manuscript Identifying Number (if you know it) AOJ-19-196		

### Section 2. The Work Under Consideration for Publication

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

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Dr. Li has nothing to disclose.

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1. Given Name (First Name) Ashley	2. Surname (Last Name) Disantis	3. Date 05-January-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Craig S. Mauro
5. Manuscript Title Evaluation and treatment of groin pain syndromes in athletes		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Brian

2. Surname (Last Name)  
Zuckerbraun

3. Date  
05-January-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Craig S. Mauro

5. Manuscript Title  
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Dr. Zuckerbraun has nothing to disclose.

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Craig

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Mauro

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05-January-2020

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5. Manuscript Title  
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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
Arthres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant

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Dr. Mauro is a consultant for Arthres.

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