ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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**Other:** Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jonathan

2. Surname (Last Name)  
   Dickens

3. Date  
   03-October-2020

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

5. Manuscript Title  
The Pericapsular Nerve Group Block for Perioperative Pain Management for Hip Arthroscopy

6. Manuscript Identifying Number (if you know it)

---

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

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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
Dr. Dickens 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)  
   Stephen

2. Surname (Last Name)  
   Fernicola

3. Date  
   03-October-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Jonathan F. Dickens

5. Manuscript Title  
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   [x] No

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   [ ] Yes  
   [x] No
Dr. Fernicola has nothing to disclose.
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Section 1. Identifying Information

1. Given Name (First Name) Israel Jacob
2. Surname (Last Name) Tannehill
3. Date 03-October-2020
4. Are you the corresponding author? Yes ✔ No

Corresponding Author’s Name Jonathan F. Dickens

5. Manuscript Title The Pericapsular Nerve Group Block for Perioperative Pain Management for Hip Arthroscopy

6. Manuscript Identifying Number (if you know it)

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Mr. Tannehill has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Tucker

3. Date  
   03-October-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   Jonathan F. Dickens

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

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1. Given Name (First Name) William Robert
2. Surname (Last Name) Volk
3. Date 03-October-2020
4. Are you the corresponding author? Yes ☑ No

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