



FINANCIAL DISCLOSURE STATEMENT

All lead submitters, presenting authors and presenting faculty at ISHA 2023 must complete a Financial Disclosure Statement.

Although ISHA is an international society, it receives continuing medical education accreditation and is planned and implemented with the essential areas and policies of the EACCME. ISHA does not view the existence of disclosed interest or investments as necessarily implying bias or decreasing the value of the presentation.

PLEASE COMPLETE AS APPROPRIATE ONE OF THE DECLARATIONS BELOW AND UPLOAD THIS WITH YOUR ABSTRACT SUBMISSION.

TYPE OF INTEREST	DESCRIPTION
Invited Faculty Presenters Submitters	<p>Where an individual may get direct financial benefits from a relationship with industry.</p> <p>This could, for example, include:</p> <ul style="list-style-type: none"> - Employment - Ownership of stocks and shares - Travel and accommodation expenses paid - Paid consultancy or directorship - Patent ownership - Paid membership of speakers' panels / bureaus and advisory boards - Acting as an expert witness - Being in receipt of a fellowship, equipment, writing, or administrative support - Writing or consulting for a medical education promotional or communications company

ISHA Secretariat Office

T: +44 (0)20 3519 9427 (Mon - Fri Business Hours BST)

www.ishasoc.com

E: abstract@ishaconference.com

DECLARATION OF FINANCIAL INTERESTS AND RELATIONSHIPS

Option 1

Name: Kira Smith

Organisation: University Hospitals Cleveland Medical Center

Presentation / Submission Title: Comparison of Femoral Head Morphology in Femoroacetabular Impingement (FAI) Patients with and without Concomitant Hip Dysplasia

I confirm that I and / or any co-authors have the following financial interests or relationships to disclose with regard to the subject matter of this presentation / submission:

TYPE OF INTEREST	DESCRIPTION
<i>Please tick all applicable</i>	<i>Please detail activity(s)</i>
Grant / Research Support <input type="checkbox"/>	Michael Salata, MD Stryker: paid consultant
Consultancy <input checked="" type="checkbox"/>	
Research <input type="checkbox"/>	Robert Wetzel, MD Advance Medical: paid consultant Arthrex, Inc: paid consultant Biocomposites, Inc: paid consultant Bone Solutions, Inc: paid consultant, stock Innomed: IP royalties Paragon 28: paid consultant Royal Biologics: IP royalties, paid consultant Smith & Nephew: IP royalties, paid consultant Styker: paid consultant, stock
Speaker Bureau <input type="checkbox"/>	
Employment <input type="checkbox"/>	
Other <input checked="" type="checkbox"/>	
	All other authors nothing to disclose

Signed: Kira Smith

Dated: 4/30/2023

DECLARATION OF FINANCIAL INTERESTS AND RELATIONSHIPS

Option 2

Name: _____

Organisation: _____

Presentation / Submission Title: _____

I confirm that I and / or any of the co-authors do not have any financial interests or relationships to disclose with regard to the subject matter of this presentation / submission:

Signed : _____

Dated: _____

ISHA Secretariat Office

T: +44 (0)20 3519 9427 (Mon - Fri Business Hours BST)

www.ishasoc.com

E: abstract@ishaconference.com