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.

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3. Relevant financial activities outside the submitted work.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jared T.
2. Surname (Last Name)  Lee
3. Date  12-February-2014
4. Are you the corresponding author?  Yes  ✔ No

Corresponding Author’s Name  Peter J. Millett MD

5. Manuscript Title
Surgical Anatomy of the Sternoclavicular Joint: A Qualitative and Quantitative Anatomical Study

6. Manuscript Identifying Number (if you know it)
JBJS-D-13-01451R1

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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Are there any relevant conflicts of interest?  ✔ Yes  No
If yes, please fill out the appropriate information below.

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<td>Arthrex</td>
<td>✔</td>
<td>✔</td>
<td></td>
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<td></td>
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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
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Dr. Lee reports personal fees from Arthrex, outside the submitted work;

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Ulrich J. A.

2. Surname (Last Name)  
   Spiegl

3. Date  
   12-February-2014

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Peter J. Millett MD

5. Manuscript Title  
   Surgical Anatomy of the Sternoclavicular Joint: A Qualitative and Quantitative Anatomical Study

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
   No

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Dr. Spiegl reports grants from Arthrex, outside the submitted work.

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Millett
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Peter J.

2. Surname (Last Name)  
   Millett

3. Date  
   12-February-2014

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

5. Manuscript Title  
   Surgical Anatomy of the Sternoclavicular Joint: A Qualitative and Quantitative Anatomical Study

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<td>Stock, Stock Options</td>
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<td>❌</td>
<td></td>
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Dr. Millett reports personal fees from Arthrex, other from Game Ready, other from VuMedi, outside the submitted work; .

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

| 1. Given Name (First Name) | Max P. |
| 2. Surname (Last Name) | Michalski |
| 3. Date | 12-February-2014 |

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   
   Corresponding Author's Name  
   Peter J. Millett MD  

5. Manuscript Title  
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---

Michalski
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Dr. Michalski has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Katharine J.

2. **Surname (Last Name)**
   Wilson

3. **Date**
   12-February-2014

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

   **Corresponding Author’s Name**
   Peter J. Millett MD

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1. Identifying information.

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   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Definitions.

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Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
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1. Given Name (First Name)  
   Kevin J.  
2. Surname (Last Name)  
   Campbell  
3. Date  
   12-February-2014  
4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Peter J. Millett MD  
5. Manuscript Title  
   Surgical Anatomy of the Sternoclavicular Joint: A Qualitative and Quantitative Anatomical Study  
6. Manuscript Identifying Number (if you know it)  
   JBJS-D-13-01451R1

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Section 1. Identifying Information

1. Given Name (First Name) Coen A.
2. Surname (Last Name) Wijdicks
3. Date 12-February-2014
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Peter J. Millett MD

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? ☑ No

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