

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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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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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) Yoon-Geol | 2. Surname (Last Name) Jo | 3. Date 22-October-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Sang-Jin Shin |
| 5. Manuscript Title Comparison of factors related to subjective patient satisfaction and objective surgical failure after arthroscopic stabilization procedures for recurrent anterior shoulder instability | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Jo has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Jun-Seok | 2. Surname (Last Name) Kang | 3. Date 22-October-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Sang-Jin Shin |
| 5. Manuscript Title Comparison of factors related to subjective patient satisfaction and objective surgical failure after arthroscopic stabilization procedures for recurrent anterior shoulder instability | | |
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Are there any relevant conflicts of interest? Yes No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Kang has nothing to disclose.

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| 1. Given Name (First Name) In | 2. Surname (Last Name) Park | 3. Date 22-October-2018 |
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Section 1. Identifying Information

1. Given Name (First Name)
Sang-Jin

2. Surname (Last Name)
Shin

3. Date
22-October-2018

4. Are you the corresponding author? Yes No

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. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------|
| National Research Foundation of Korea | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NRF-2016R1D1A1A09919541 |

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Dr. Shin reports grants from National Research Foundation of Korea , during the conduct of the study; .

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