ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Chalmers

3. Date  
   02-August-2020

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   What’s New In Shoulder and Elbow Surgery

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   ☑ No

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

If yes, please fill out the appropriate information below.

<table>
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Section 4. Intellectual Property -- Patents & Copyrights

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   ☑ No
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Dr. Chalmers reports personal fees from Arthrex, personal fees from Deputy Mitek, outside the submitted work.

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1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Tashjian

3. Date  
   02-August-2020

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

5. Manuscript Title  
   What's New In Shoulder and Elbow Surgery

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1. Given Name (First Name)  
Garrett

2. Surname (Last Name)  
Christensen

3. Date  
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Dr. Christensen has nothing to disclose.

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