

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)
Justin

2. Surname (Last Name)
Mitchell

3. Date
13-October-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Arthroscopic decompression of a suprascapular notch cyst causing compressive suprascapular neuropathy through a lateral subacromial approach

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Lucas

2. Surname (Last Name)
Rylander

3. Date
13-October-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
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1. Given Name (First Name)
Melissa

2. Surname (Last Name)
Munkwitz

3. Date
13-October-2014

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Ryan

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Fader

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