ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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  
Arthroscopic decompression of a suprascapular notch cyst causing compressive suprascapular neuropathy through a lateral subacromial approach

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Munkwitz
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Section 1. Identifying Information

1. Given Name (First Name)  
Melissa

2. Surname (Last Name)  
Munkwitz

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)  Ryan
2. Surname (Last Name)  Fader
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
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