

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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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)
Brian

2. Surname (Last Name)
Cohen

3. Date
21-February-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Open Surgical Stabilization of Glenohumeral Dislocations

6. Manuscript Identifying Number (if you know it)
ST-D-17-00052

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Cohen has nothing to disclose.

Evaluation and Feedback

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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)
Brett

2. Surname (Last Name)
Owens

3. Date
21-February-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Brian Cohen

5. Manuscript Title
Open Surgical Stabilization of Glenohumeral Dislocations

6. Manuscript Identifying Number (if you know it)
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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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Mitek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conmed/MTF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vericel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Owens reports personal fees from Mitek, personal fees from Conmed/MTF, personal fees from Vericel, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Ramin	2. Surname (Last Name) Tabaddor	3. Date 21-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brian Cohen
5. Manuscript Title Open Surgical Stabilization of Glenohumeral Dislocations		
6. Manuscript Identifying Number (if you know it) ST-D-17-00052		

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1. Given Name (First Name) Andrew	2. Surname (Last Name) Thome	3. Date 21-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brian Cohen
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