

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Laurence

2. Surname (Last Name)
Higgins

3. Date
02-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Latarjet for the Treatment of Anterior Glenohumeral Instability

6. Manuscript Identifying Number (if you know it)

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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
Arthrex, Inc. (Naples,FL)	<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. Higgins reports personal fees from Arthrex, Inc. (Naples,FL), outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Eric	2. Surname (Last Name) Wagner	3. Date 06-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laurence D. Higgins MD, MBA
5. Manuscript Title Latarjet for the Treatment of Anterior Glenohumeral Instability		
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? 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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Dr. Wagner has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jarret	2. Surname (Last Name) Woodmass, MD	3. Date 06-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laurence D. Higgins MD, MBA
5. Manuscript Title Latarjet for the Treatment of Anterior Glenohumeral Instability		
6. Manuscript Identifying Number (if you know it)		

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Dr. Woodmass, MD has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Muriel

2. Surname (Last Name)

Solberg

3. Date

06-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Laurence D. Higgins MD, MBA

5. Manuscript Title

Latarjet for the Treatment of Anterior Glenohumeral Instability

6. Manuscript Identifying Number (if you know it)

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Ms. Solberg has nothing to disclose.

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Tyler

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Hunt

3. Date
06-March-2018

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Corresponding Author's Name
Laurence D. Higgins MD, MBA

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Mr. Hunt has nothing to disclose.

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