ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Higgins 1
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

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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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Arthrex, Inc. (Naples,FL)</td>
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</tbody>
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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? Yes ☑ No
5. Manuscript Title
   Latarjet for the Treatment of Anterior Glenohumeral Instability
6. Manuscript Identifying Number (if you know it)

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

Section 2. The Work Under Consideration for Publication

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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?  
☑ No

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

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

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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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Section 1. Identifying Information

1. Given Name (First Name)  Tyler
2. Surname (Last Name)  Hunt
3. Date  06-March-2018
4. Are you the corresponding author?  Yes  ✔  No
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   Latarjet for the Treatment of Anterior Glenohumeral Instability
6. Manuscript Identifying Number (if you know it)

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Mr. Hunt has nothing to disclose.

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