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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# ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Elisabeth

2. Surname (Last Name)  
   Boehm

3. Date  
   02-October-2016

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author’s Name  
   Markus Scheibel

5. Manuscript Title  
   Arthroscopic glenoid reconstruction for chronic anteroinferior shoulder instability using a tricortical iliac crest bone graft

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.**

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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  
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Section 6. Disclosure Statement

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Dr. Boehm has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Christian

2. Surname (Last Name)  
   Gerhardt

3. Date  
   02-October-2016

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   Markus Scheibel

5. Manuscript Title  
   Arthroscopic Glenoid Reconstruction for Chronic Anteroinferior Shoulder Instability Using a Tricortical Iliac Crest Bone Graft

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.)?

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Gerhardt has nothing to disclose.

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Section 1.
Identifying Information

1. Given Name (First Name)
   Natascha

2. Surname (Last Name)
   Kraus

3. Date
   04-October-2016

4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name
   Markus Scheibel

5. Manuscript Title
   Arthroscopic glenoid reconstruction for chronic anteroinferior shoulder instability using a tricortical iliac crest bone graft

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Markus
2. Surname (Last Name) Scheibel
3. Date 13-October-2016
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title
   Arthroscopic glenoid reconstruction for chronic anteroinferior shoulder instability using a tricortical iliac crest bone graft
6. Manuscript Identifying Number (if you know it)

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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>
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Dr. Scheibel reports personal fees from Arthrex, during the conduct of the study.

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