

# ICMJE DISCLOSURE FORM

Date: 23.09.2021

Your Name:

Dittrich Michael

Manuscript Title: \_\_

Arthroscopically-assisted stabilization of chronic AC-joint instability

Manuscript number (if known): ST-D-20-00033R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
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| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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|   |  |  |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |
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# ICMJE DISCLOSURE FORM

Date: 23.09.2021

Your Name:

Florian Freisleder

Manuscript Title: \_\_

Arthroscopically-assisted stabilization of chronic AC-joint instability

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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |

Please place an "X" next to the following statement to indicate your agreement:

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Dr. med. Florian Freisleder  
Oberarzt Orthopädie  
Schulthess Klinik  
Lengghalde 2, 8008 Zürich



# ICMJE DISCLOSURE FORM

Date: 23.09.2021

Your Name:

Markus Scheibel

Manuscript Title: \_\_

Arthroscopically-assisted stabilization of chronic AC-joint instability

Manuscript number (if known): ST-D-20-00033R2

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| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | None   |   |
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|   |  |  |   |
| 3   | Royalties or licenses  | Arthrex, Naples, Fl.   | Personal royalty payments   |
|   |  |  |   |
|   |  |  |   |
| 4   | Consulting fees  | Arthrex, Naples, Fl.   | Personal consulting fee payments  |

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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |  |
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# ICMJE DISCLOSURE FORM

Date: 23.09.2021

Your Name:

Barbara Wirth

Manuscript Title:\_\_\_

Arthroscopically-assisted stabilization of chronic AC-joint instability

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GELENKZENTRUM ZÜRICH  
**Dr. med. Barbara Wirth**  
 FMH Orthopädie Traumatologie  
 Toblerstrasse 51, 8044 Zürich  
 Tel 043 268 28 14  
 ZSR-Nr. T 742731  
 GLN-Nr. 7601000869562



# ICMJE DISCLOSURE FORM

Date: 23.09.2021

Your Name:

Frederik Bellmann

Manuscript Title:\_\_\_

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