Date : 23.09.2021	
Your Name:	
Dittrich Michael	
Manuscript Title:	
Arthroscopically-assisted stabi	lization of chronic AC-joint instability
Manuscript number (if known): ST-	-D-20-00033R2

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

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5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending	xNone	
	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_xNone	
	financial interests		
		+	

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 23.09.2021 Your Name: Florian Freislederer

Manuscript Title:

Arthroscopically-assisted stabilization of chronic AC-joint instability

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

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,	7	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
SYST		Y	A Commission of the Commission
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
	A STATE OF THE STATE OF THE STATE OF	LABORATE SALES CONTRACTOR	

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

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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	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	Arthrex, Naples, Fl.	Personal royalty payments
4	Consulting fees	Arthrex, Naples, Fl.	Personal consulting fee payments

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

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M. S.L.S.C

Date: 23.09.2021 Your Name:

Barbara Wirth

Arthroscopically-assisted stabilization of chronic AC-joint instability

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

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5,48		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	2015 (82), 5 em 10 1 MS2
3	Royalties or licenses	None	Folder Control
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	<u>None</u>	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	<u>Q</u> None	tion, to the a fall-contains the grades saver and the treat of
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8	Patents planned, issued or pending	<u> P</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>None</u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>∧</u> None	
13	Other financial or non- financial interests	None	

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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

Date: 23.09.2021		
Your Name:		
Frederik Bellmann		
Manuscript Title:		

Arthroscopically-assisted stabilization of chronic AC-joint instability

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

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1	All support for the present	None	
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	provision of study materials,		
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
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4	Consulting fees	None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
			California Ville and California
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	SOUTH MORE METERS AND A SERVICE CONTRACTOR OF THE SERVICE CONTRACTOR O
9	Participation on a Data Safety Monitoring Board or Advisory Board	(None)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	(Nori)e	
11	Stock or stock options	None	and the secretary reserved to a supplying section of the content of the second of the
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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