

## 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.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sam

2. Surname (Last Name)  
Akahavan

3. Date  
01-September-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Posterior Shoulder Instability in Athletes

6. Manuscript Identifying Number (if you know it)

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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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant, Consultant and Education Fees

### 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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Akahavan reports grants and personal fees from Arthrex, outside the submitted work.

### 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)

Aakash

2. Surname (Last Name)

Chauhan

3. Date

01-September-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Posterior Shoulder Instability in Athletes

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Chauhan has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Darren      2. Surname (Last Name) Frank      3. Date 01-September-2014

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Posterior Shoulder Instability in Athletes

6. Manuscript Identifying Number (if you know it)  
\_\_\_\_\_

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant and Education Fees

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?     Yes     No



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Dr. Frank reports personal fees from Arthrex, 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)  
Brian

2. Surname (Last Name)  
Kelly

3. Date  
01-September-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Posterior Shoulder Instability in Athletes

6. Manuscript Identifying Number (if you know it)

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Dr. Kelly has nothing to disclose.

### Evaluation and Feedback

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1. Given Name (First Name)  
Brian

2. Surname (Last Name)  
Mosier

3. Date  
01-September-2014

4. Are you the corresponding author?  Yes  No

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Posterior Shoulder Instability in Athletes

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Dr. Mosier has nothing to disclose.

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