

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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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Aaron

2. Surname (Last Name)

Bois

3. Date

01-September-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Clinical Outcomes and Complications Following Surgical Management of Traumatic Posterior Sternoclavicular Joint Dislocations: A Systematic and Critical Analysis Review

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

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Bois 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) Joseph	2. Surname (Last Name) Kendal	3. Date 01-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Aaron J. Bois
5. Manuscript Title Clinical Outcomes and Complications Following Surgical Management of Posterior Sternoclavicular Joint Dislocations: A Systematic and Critical Analysis Review		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Kendal has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Katie

2. Surname (Last Name)
Thomas

3. Date
01-September-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Joseph Kendal

5. Manuscript Title
Clinical Outcomes and Complications Following Surgical Management of Posterior Sternoclavicular Joint Dislocations: A Systematic and Critical Analysis Review

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1. Given Name (First Name) Ian 2. Surname (Last Name) Lo 3. Date 04-September-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name
Aaron Bois

5. Manuscript Title
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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 Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Smith & Nephew	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties, Fellowship Support
Conmed-Linvatec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fellowship Support
Lippincott	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties

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Dr. Lo reports other from Arthrex Inc, grants, personal fees and other from Smith & Nephew, other from Conmed-Linvatec, other from Lippincott, outside the submitted work; .

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