ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Michel</td>
<td>van den Bekerom</td>
<td>22-April-2021</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. van den Bekerom has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Derek

2. Surname (Last Name)  
van Deurzen

3. Date  
22-April-2021

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

5. Manuscript Title  
Operative versus non-operative treatment following first-time anterior shoulder dislocation A systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)  
REVIEWS-D-20-00232

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

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- Fellowship funding by Smith and Nephew
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Dr. van Deurzen reports and Fellowship funding by Smith and Nephew
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Section 1. Identifying Information

1. Given Name (First Name)  Lukas
2. Surname (Last Name)  Verweij
3. Date  22-April-2021
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  SH van Spanning
5. Manuscript Title
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Dr. Verweij has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Simone

2. **Surname (Last Name)**
   - Vink

3. **Date**
   - 22-April-2021

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

   **Corresponding Author’s Name**
   - SH van Spanning

5. **Manuscript Title**
   - Operative versus non-operative treatment following first-time anterior shoulder dislocation A systematic review and meta-analysis

6. **Manuscript Identifying Number (if you know it)**
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Dr. Vink has nothing to disclose.

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