Arthroscopy: The Journal of Arthroscopic and Related Surgery
— Instructions —
ICMJE Form for Disclosure of Potential Conflicts of Interest

Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author's completed form must then be uploaded with the manuscript.

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 in four parts:

**Section 1. Identifying information**

Enter your full name and provide the manuscript title.

**Section 2. The work under consideration for publication**

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation, or commercial sponsor, check "Yes." Then complete the provide the information requested.

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Section 1. Identifying Information

1. Given Name ____Caroline_____ 2. Surname ___Witney-Lagen____________
3. Are you the corresponding author? Yes ___No__X_
4. Effective Date __26-03-2017_________
5. Manuscript Title _______The ’Purse String’ Procedure for Recurrent Anterior Glenohumeral Instability: a simple technique to achieve Bankart repair, capsular shift and a Good Labral Bumper.

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Comments†___

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Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

1. Grant
   _x_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___
   Comments† ___

2. Consulting fee or honorarium
   _x_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___
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6. Provision of writing assistance, medicines, equipment, or administrative support
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7. Other
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8. Patents (planned, pending or issued)
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12. Travel/accommodations/ meeting expenses unrelated to activities listed**
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13. Other (err on the side of full disclosure)
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Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

x___ No other relationships/conditions/circumstances that present a potential conflict of interest

___ Yes, the following relationships/conditions/circumstances are present (explain below):

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The ICMJE Disclosure of Potential Conflicts of Interest Form was adopted by Arthroscopy: The Journal of Arthroscopic and Related Surgery along with 17 other leading orthopaedic journals at the 2011 annual meeting of the American Academy of Orthopaedic Surgeons.
Arthroscopy: The Journal of Arthroscopic and Related Surgery
— Instructions —
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Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author’s completed form must then be uploaded with the manuscript.

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 in four parts:

Section 1. Identifying information

Enter your full name and provide the manuscript title.

Section 2. The work under consideration for publication

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation, or commercial sponsor, check “Yes.” Then complete the provide the information requested.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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