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 _Marcio_______________
2. Surname ____Ferrari_________________
3. Are you the corresponding author? Yes ___ No _X_
4. Effective Date ____3/27/17___________
5. Manuscript Title ___Arthroscopic Labral Repair in the Setting of Recurrent Posterior Shoulder Instability________

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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___ Comments†___

3. Support for travel to meetings for the study or other purposes
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6. Provision of writing assistance, medicines, equipment, or administrative support
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3. Employment
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4. Expert testimony
   X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity____ Comments___

5. Grants/grants pending
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6. Payment for lectures including service on speakers bureaus
   X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity____ Comments___

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   X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity____ Comments___

8. Patents (planned, pending or issued)
   X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity____ Comments___

9. Royalties
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10. Payment for development of educational presentations
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11. Stock/stock options
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12. Travel/accommodations/meeting expenses unrelated to activities listed**
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1. Given Name ___George_______________ 2. Surname ___Sanchez_________________
3. Are you the corresponding author? Yes ___ No_X__
4. Effective Date ____3/27/17____________
5. Manuscript Title ___ Arthroscopic Labral Repair in the Setting of Recurrent Posterior Shoulder Instability_______

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Section 1. Identifying Information

1. Given Name Nicholas_______________
2. Surname ____Kennedy_________________
3. Are you the corresponding author? Yes ___ No _X__
4. Effective Date ___3/27/17____________
5. Manuscript Title ____Arthroscopic Labral Repair in the Setting of Recurrent Posterior Shoulder Instability________

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3. **Employment**
   - X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

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1. Given Name  _Salvatore__________________________  2. Surname  _Frangiamore__________________________
3. Are you the corresponding author?  Yes ___ No  _X__
4. Effective Date  3/27/17__________________________
5. Manuscript Title  Arthroscopic Labral Repair in the Setting of Recurrent Posterior Shoulder Instability__________

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1. Given Name  _Sandeep__________________  2. Surname ___Mannava____________________
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_X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___

6. Provision of writing assistance, medicines, equipment, or administrative support
_X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___

7. Other
_X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___

* This means money that your institution received for your efforts on this study.
† Use this section to provide any needed explanation.
Section 3. Relevant financial activities outside the submitted work

1. Board membership
X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

2. Consultancy
X__No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

3. Employment
X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

4. Expert testimony
X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

5. Grants/grants pending
X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

6. Payment for lectures including service on speakers bureaus
X__No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

7. Payment for manuscript preparation
X__No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

8. Patents (planned, pending or issued)
X__No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

9. Royalties
_ X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

10. Payment for development of educational presentations
_ X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

11. Stock/stock options
X__No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

12. Travel/accommodations/ meeting expenses unrelated to activities listed**
_ X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

13. Other (err on the side of full disclosure)
_ X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.
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):

The International Committee of Medical Journal Editors

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.
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.

Section 3. Relevant financial activities outside the submitted work
This section asks about your financial relationships with entities in the biomedical arena that could be
perceived to influence, or that give the appearance of potentially influencing, what you wrote in the
submitted work. You should disclose interactions with ANY entity that could be considered broadly
relevant to the work.

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.

For grants you have received for work outside the submitted work, you should disclose support ONLY
from entities that could be perceived to be affected financially by the published work, such as entities or
foundations supported by entities that could be perceived to have a financial stake in the outcome. Public
funding sources, such as government agencies, charitable foundations, or academic institutions, need not
be disclosed. For example, if a government agency sponsored a study in which you have been involved
and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

Section 4. Other relationships
Use this section to report 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.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name __Matthew_______ 2. Surname ____Provencher_________
3. Are you the corresponding author? Yes _X__ No___
4. Effective Date ____3/27/2017____________
5. Manuscript Title __Arthroscopic Labral Repair in the Setting of Recurrent Posterior Shoulder Instability________

Section 2. The Work Under Consideration for Publication

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___ Comments†___

3. Support for travel to meetings for the study or other purposes
   _X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___

4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like
   _X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___

5. Payment for writing or reviewing the manuscript
   _X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___

6. Provision of writing assistance, medicines, equipment, or administrative support
   _X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___

7. Other
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* This means money that your institution received for your efforts on this study.
† Use this section to provide any needed explanation.
Section 3. Relevant financial activities outside the submitted work

1. Board membership
   X_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

2. Consultancy
   X_No __X_Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___
   Consultant for Arthrex, Inc. and JRF Ortho

3. Employment
   _No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

4. Expert testimony
   X_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

5. Grants/grants pending
   X_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

6. Payment for lectures including service on speakers bureaus
   X_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

7. Payment for manuscript preparation
   X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

8. Patents (planned, pending or issued)
   X__No __X_Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___
   Patent numbers (issued): 9226743, 20150164498, 20150150594, 20110040339

9. Royalties
   X_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___
   Arthrex, Inc. and SLACK Incorporated (publishing royalties)

10. Payment for development of educational presentations
    X_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

11. Stock/stock options
    X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

12. Travel/accommodations/meeting expenses unrelated to activities listed**
    X_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

13. Other (err on the side of full disclosure)
    X_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

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