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.

1. Identifying information.

2. The work under consideration for publication.

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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 drug companies, 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.


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

5. Relationships not covered above.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)  
Arasch

2. Surname (Last Name)  
Wafaisade

3. Date  
10-April-2019

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
Arthroscopic transosseous suture button fixation technique for treatment of large anterior glenoid fracture

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest?  
☑ Yes  ☐ No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<th>Comments</th>
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<td>Travel costs</td>
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<td>Smith&amp;Nephew</td>
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Section 6. Disclosure Statement

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Dr. Wafaisade reports other from Stryker, other from Arthrex, other from DepuySynthes, other from Smith&Nephew, outside the submitted work.;

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Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas  
2. Surname (Last Name)  
   Pfeiffer  
3. Date  
   06-April-2019  
4. Are you the corresponding author? 
   ☑ No  
   Corresponding Author’s Name  
   A. Wafaisade  
5. Manuscript Title  
   Arthroscopic transosseous suture button fixation technique for treatment of large anterior glenoid fracture  
6. Manuscript Identifying Number (if you know it) 

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Pfeiffer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Maurice
2. Surname (Last Name)  Balke
3. Date  10-April-2019
4. Are you the corresponding author?  No
   Corresponding Author’s Name  Arasch Wafaisade
5. Manuscript Title  Arthroscopic transosseous suture button fixation technique for treatment of large anterior glenoid fracture
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  No
Are there any relevant conflicts of interest?  Yes

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes

Balke
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Dr. Balke reports other from Consultant for Smith&Nephew, other from Consultant for Conmed, 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)  Daniel
2. Surname (Last Name)  Guenther
3. Date  07-April-2019
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Arasch Wafaisade
5. Manuscript Title  Arthroscopic transosseous suture button fixation technique for treatment of large anterior glenoid fracture
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Are there any relevant conflicts of interest?  Yes  No  ✔

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Dr. Guenther has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Paola

2. Surname (Last Name)  
Koenen

3. Date  
07-April-2019

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Arasch Wafaisade

5. Manuscript Title  
Arthroscopic transosseous suture button fixation technique for treatment of large anterior glenoid fracture

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