ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Danlei

2. Surname (Last Name)  
   Huang

3. Date  
   27-September-2021

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

Corresponding Author's Name  
Jianming Huang

5. Manuscript Title  
Arthroscopic Subscapularis Augmentation using the Long Head of the Biceps Tendon for Anterior Shoulder Instability

6. Manuscript Identifying Number (if you know it)

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Dr. Huang has nothing to disclose.

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## Section 1. Identifying Information

<table>
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<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<tr>
<td>Haoyuan</td>
<td>Liu</td>
<td>27-September-2021</td>
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<th>4. Are you the corresponding author?</th>
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<td>Yes [ ] No [x]</td>
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Corresponding Author’s Name
Jianming Huang

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Huang
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jianming
2. Surname (Last Name) Huang
3. Date 27-September-2021
4. Are you the corresponding author? ✔ Yes  ☐ No

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Wang
ICMJE Form for Disclosure of Potential Conflicts of Interest

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   Jun

2. Surname (Last Name)  
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1. **Given Name (First Name)**
   - Zhiyang

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

3. **Date**
   - 27-September-2021

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

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