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.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Friedrich

3. Date  
   04-November-2016

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

5. Manuscript Title  
   Posterolateral approach to the scapula for evacuation of a subscapular abscess: a case report

6. Manuscript Identifying Number (if you know it)

---

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   ✔ No

---

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Are there any relevant conflicts of interest?  
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   ✔ No

---

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  
   ✔ No
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Dr. Friedrich has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Claudia
2. Surname (Last Name) Christman-Skieller
3. Date 15-November-2016
4. Are you the corresponding author? ✔ Yes ☐ No
5. Manuscript Title Posterolateral approach to the scapula for evacuation of a subscapular abscess: a case report
6. Manuscript Identifying Number (if you know it)

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Dr. Christman-Skieller has nothing to disclose.

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_ROYALTIES_: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  Douglas
2. Surname (Last Name)  Smith
3. Date  11-November-2016
4. Are you the corresponding author?  No
5. Manuscript Title  Posterolateral approach to the scapula for evacuation of a subscapular abscess: a case report
6. Manuscript Identifying Number (if you know it) 

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Are there any relevant conflicts of interest?  No

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Rebecca</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Plevin</td>
</tr>
<tr>
<td>3. Date</td>
<td>07-Novermber-2016</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name  
Claudia Christman-Skieller

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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- No [✓]

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Dr. Plevin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Lisa

2. Surname (Last Name)  
   McIntyre

3. Date  
   03-November-2016

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

   Corresponding Author’s Name  
   Claudia Christman-Skieller

5. Manuscript Title  
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