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.

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

5. Relationships not covered above.

   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.

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Other: Anything not covered under the previous three boxes

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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) Aaron
2. Surname (Last Name) Chamberlain
3. Date 17-June-2016
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title
   What's New in Shoulder and Elbow Surgery
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

Section 3. Relevant financial activities outside the submitted work.

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<th>Name of Entity</th>
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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 ☐ No ✔
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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Chamberlain reports grants from Zimmer, personal fees from Arthrex, outside the submitted work; .

Evaluation and Feedback

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Jay

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

3. **Date**
   - 17-June-2016

4. **Are you the corresponding author?**
   - ✔ Yes  ☐ No

5. **Manuscript Title**
   - What's New in Shoulder and Elbow Surgery

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Dr. Keener reports other from JBJS, during the conduct of the study; grants from National Institutes of Health, outside the submitted work; .

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Namdari
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
   Surena

2. Surname (Last Name) 
   Namdari

3. Date 
   18-June-2016

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

5. Manuscript Title
   What new in shoulder and elbow surgery (2016)

6. Manuscript Identifying Number (if you know it)

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