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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3. Relevant financial activities outside the submitted work.

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

5. Relationships not covered above.

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

1. Given Name (First Name)  
Chris

2. Surname (Last Name)  
Camp

3. Date  
27-December-2015

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

Corresponding Author’s Name  
Ryan Degen

5. Manuscript Title  
Trends in Bone Block Augmentation and Latarjet Coracoid Transfers Amongst Recently Trained Orthopedic Surgeons Treating Anterior Shoulder Instability

6. Manuscript Identifying Number (if you know it)

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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?  
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Section 6. Disclosure Statement

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Dr. Camp has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  David
2. Surname (Last Name)  Dines
3. Date  27-December-2015
4. Are you the corresponding author?  Yes  No  ✔
5. Manuscript Title
Trends in Bone Block Augmentation and Latarjet Coracoid Transfers Amongst Recently Trained Orthopedic Surgeons
Treating Anterior Shoulder Instability
6. Manuscript Identifying Number (if you know it)

Corresponding Author’s Name
Ryan Degen

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  ✔ Yes  No

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Are there any relevant conflicts of interest?  ✔ Yes  No
If yes, please fill out the appropriate information below.

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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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Dr. Dines reports personal fees from Biomet, personal fees from Wright Medical, personal fees from Tornier, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ryan

2. Surname (Last Name)  
   Degen

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

3. Date  
   27-December-2015

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Dr. Degen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Josh
2. Surname (Last Name) Dines
3. Date 27-December-2015
4. Are you the corresponding author? Yes No ✔
5. Manuscript Title Trends in Bone Block Augmentation and Latarjet Coracoid Transfers Amongst Recently Trained Orthopedic Surgeons Treating Anterior Shoulder Instability
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Corresponding Author’s Name Ryan Degen

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Section 1. Identifying Information

1. Given Name (First Name)
Brian

2. Surname (Last Name)
Werner

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

3. Date
27-December-2015

Corresponding Author’s Name
Ryan Degen

5. Manuscript Title
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