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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2. The work under consideration for publication.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jason  
2. Surname (Last Name)  
   Grassbaugh  
3. Date  
   20-August-2015  
4. Are you the corresponding author?  
   Yes ☑ No  
   Corresponding Author’s Name  
   Xinning Li, M.D.  
5. Manuscript Title  
   Glenoid Dysplasia  
6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  
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**Section 4. Intellectual Property -- Patents & Copyrights**

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Dr. Grassbaugh has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Stephen  
2. Surname (Last Name)  
   Parada  
3. Date  
   21-August-2015

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

5. Manuscript Title  
   Glenoid Dysplasia: Pathophysiology, Diagnosis and Management.

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?  
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   - No  
   ✔

## Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Parada has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Xinning

2. Surname (Last Name)  
Li

3. Date  
23-August-2015

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

5. Manuscript Title  
Glenoid Dysplasia

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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☐ No

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
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Dr. Li reports personal fees from null, outside the submitted work;

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## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Josef  
2. **Surname (Last Name)**  
   Eichinger  
3. **Date**  
   21-August-2015  
4. **Are you the corresponding author?**  
   Yes ☐  No ✔  
5. **Manuscript Title**  
   Current Concepts Review  
6. **Glenoid Dysplasia: Pathophysiology, Diagnosis and Management.**  

### Corresponding Author's Name

Xinning Li MD

---

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Dr. Eichinger has nothing to disclose.

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1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Galvin

3. Date  
   21-August-2015

4. Are you the corresponding author?  
   Yes   No

   Corresponding Author’s Name  
   Xinning Li, M.D.

5. Manuscript Title  
   Current Concepts Review - Glenoid Dysplasia: Pathophysiology, Diagnosis and Management

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Dr. Galvin has nothing to disclose.

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