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

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Sabrina</td>
<td>Catanzaro</td>
<td>08-September-2015</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Corresponding Author's Name</th>
</tr>
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<tbody>
<tr>
<td>Christian Gerber</td>
</tr>
</tbody>
</table>

5. Manuscript Title  
   Long-Term Restoration of Anterior Shoulder Stability: Arthroscopic Bankart Repair versus Open Latarjet

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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   - Yes

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Dr. Catanzaro has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mazda
2. Surname (Last Name) Farshad
3. Date 08-September-2015
4. Are you the corresponding author? [ ] Yes [x] No
   Corresponding Author’s Name
   Christian Gerber
5. Manuscript Title
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Dr. Farshad has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Christian

2. Surname (Last Name)
   Gerber

3. Date
   08-September-2015

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

   Corresponding Author’s Name
   Christian Gerber

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Section 1. Identifying Information

1. Given Name (First Name)  
   Stefan

2. Surname (Last Name)  
   Rahm

3. Date  
   08-September-2015

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Christian Gerber

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Dr. Rahm has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Max
2. Surname (Last Name) Scheyerer
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Dr. Scheyerer has nothing to disclose.

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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.

**Definitions.**

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization.

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations.

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes.

**Pending:** The patent has been filed but not issued.

**Issued:** The patent has been issued by the agency.

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not.

**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)  
   Stefan

2. Surname (Last Name)  
   Zimmermann

3. Date  
   17-July-2015

4. Are you the corresponding author?  
   ✔ No

Corresponding Author's Name  
Christian Gerber

5. Manuscript Title  
   Long-Term Restoration of Anterior Shoulder Stability: Arthroscopic Bankart Repair versus Open Latarjet

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

Dr. Zimmermann has nothing to disclose.

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