ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Yoon-Geol
2. Surname (Last Name) Jo
3. Date 22-October-2018
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Sang-Jin Shin
5. Manuscript Title
   Comparison of factors related to subjective patient satisfaction and objective surgical failure after arthroscopic stabilization procedures for recurrent anterior shoulder instability
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? ☑ No

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Are there any relevant conflicts of interest? ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
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Section 6. Disclosure Statement

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Dr. Jo has nothing to disclose.

Evaluation and Feedback

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Kang
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Jun-Seok

2. Surname (Last Name)  
   Kang

3. Date  
   22-October-2018

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

5. Manuscript Title  
   Comparison of factors related to subjective patient satisfaction and objective surgical failure after arthroscopic stabilization procedures for recurrent anterior shoulder instability

6. Manuscript Identifying Number (if you know it)

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## 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

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

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Are there any relevant conflicts of interest?  
☐ Yes ✔ No

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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. Kang has nothing to disclose.

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### Section 1. Identifying Information

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

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

3. **Date**
   - 22-October-2018

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

5. **Manuscript Title**
   - Comparison of factors related to subjective patient satisfaction and objective surgical failure after arthroscopic stabilization procedures for recurrent anterior shoulder instability

6. **Manuscript Identifying Number (if you know it)**

   **Corresponding Author’s Name**
   - Sang-Jin Shin

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- Yes  ✔
- No

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- Yes  ✔
- No
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Dr. Park has nothing to disclose.

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   Sang-Jin

2. Surname (Last Name)  
   Shin

3. Date  
   22-October-2018

4. Are you the corresponding author?  
   Yes ✔  No

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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. Shin reports grants from National Research Foundation of Korea, during the conduct of the study.

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