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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**Section 1. Identifying Information**

1. **Given Name (First Name)**  
   Sander

2. **Surname (Last Name)**  
   Leeflang

3. **Date**  
   01-November-2018

4. **Are you the corresponding author?**  
   Yes

5. **Manuscript Title**  
   A novel treatment for anterior shoulder instability; A biomechanical comparison between a patient-specific implant and the Latarjet procedure

6. **Manuscript Identifying Number (if you know it)**  
   JBJS-D-18-00892

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**Yes** ✔  
**No**

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Bart

2. Surname (Last Name)  
   van der Wal

3. Date  
   01-November-2018

4. Are you the corresponding author?  
   [ ] Yes  ✔ No  
   Corresponding Author's Name  
   Koen Willemsen

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Dr. van der Wal has nothing to disclose.

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1. Given Name (First Name)  
   Harrie

2. Surname (Last Name)  
   Weinans

3. Date  
   01-November-2018

4. Are you the corresponding author?  
   Yes ✗ No

   Corresponding Author’s Name  
   Koen Willemsen

5. Manuscript Title  
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1. **Given Name (First Name)**
   Koen

2. **Surname (Last Name)**
   Willemsen

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Section 1. Identifying Information

1. Given Name (First Name)  Ronald
2. Surname (Last Name)  Bleys
3. Date  01-November-2018
4. Are you the corresponding author?  □ Yes  ✓ No
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Dr. Bleys has nothing to disclose.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

Castelein
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**
   - 01-November-2018

4. **Are you the corresponding author?**
   - Yes

   - No ✔

   - Corresponding Author’s Name
     - Koen Willemsen

5. **Manuscript Title**
   - A novel treatment for anterior shoulder instability; a biomechanical comparison between a patient-specific implant and the Latarjet procedure

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-18-00892

## 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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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- Yes
- No ✔

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

- Yes
- No ✔
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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. Castelein has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Rob</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Nelissen</td>
</tr>
<tr>
<td>3. Date</td>
<td>01-November-2018</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔</td>
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<tr>
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<td>5. Manuscript Title</td>
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Are there any relevant conflicts of interest? Yes ✔ No

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<td>Berendes</td>
<td>01-November-2018</td>
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Geurink
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Timon

2. Surname (Last Name)  
Geurkink

3. Date  
01-November-2018

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Yes ☐  No ☑

Corresponding Author’s Name  
K Willemsen

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