

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

5. Relationships not covered above.

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Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Glenn | 2. Surname (Last Name) BOYCE | 3. Date 18-April-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Lukas ERNSTBRUNNER |
| 5. Manuscript Title Posterior acromial morphology significantly correlates with posterior shoulder instability | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 2. The Work Under Consideration for Publication

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Dr. BOYCE has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Rany

2. Surname (Last Name)
EL NASHAR

3. Date
18-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lukas ERNSTBRUNNER

5. Manuscript Title
Posterior acromial morphology significantly correlates with posterior shoulder instability

6. Manuscript Identifying Number (if you know it)

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Dr. EL NASHAR has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Lukas

2. Surname (Last Name)
ERNSTBRUNNER

3. Date
18-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Posterior acromial morphology significantly correlates with posterior shoulder instability

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. ERNSTBRUNNER 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 18-April-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name Lukas ERNSTBRUNNER

5. Manuscript Title Posterior acromial morphology significantly correlates with posterior shoulder instability

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

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------------|
| Zimmer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Implant designer |
| Storz | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |

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. GERBER reports personal fees from Zimmer, personal fees from Storz, outside the submitted work; .

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1. Given Name (First Name)
Mohamed A.

2. Surname (Last Name)
IMAM

3. Date
18-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lukas ERNSTBRUNNER

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

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Section 1. Identifying Information

1. Given Name (First Name)
Dominik C.

2. Surname (Last Name)
Meyer

3. Date
18-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lukas ERNSTBRUNNER

5. Manuscript Title
Posterior acromial morphology significantly correlates with posterior shoulder instability

6. Manuscript Identifying Number (if you know it)

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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.)?

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Dr. Meyer has nothing to disclose.

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