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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## 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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<tr>
<td>Michael</td>
<td>Foster</td>
<td>24-June-2019</td>
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<th>4. Are you the corresponding author?</th>
<th>5. Manuscript Title</th>
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<tr>
<td>☐ Yes</td>
<td>Chicken Soup for the Unstable Shoulder: Stabilization Reduces Depressive Symptoms.</td>
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Are there any relevant conflicts of interest?  ☐ Yes  ☑ No

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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. Foster has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Marjorie

2. Surname (Last Name)  
   Gallagher

3. Date  
   24-June-2019

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

   Corresponding Author’s Name  
   R. Frank Henn III, MD

5. Manuscript Title  
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1. Given Name (First Name)  
   R. Frank

2. Surname (Last Name)  
   Henn

3. Date  
   24-June-2019

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

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2. Surname (Last Name)  
   Meredith

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   No

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