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.

2. The work under consideration for publication.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Jonathan

2. Surname (Last Name)  
Godin

3. Date  
08-September-2017

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

Corresponding Author’s Name  
Marc J. Philippon

5. Manuscript Title  
Labral Augmentation with Native Tissue Preservation: A Case Report with 7.5 Year Follow-Up

6. Manuscript Identifying Number (if you know it)

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

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Are there any relevant conflicts of interest?  
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 ☑
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Section 6. Disclosure Statement

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Dr. Godin has nothing to disclose.

Evaluation and Feedback

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<th>1. Given Name (First Name)</th>
<th>Karen</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Briggs</td>
</tr>
<tr>
<td>3. Date</td>
<td>08-September-2017</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
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Corresponding Author's Name
Marc J. Philippon

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Ms. Briggs has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Lorenzo</th>
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</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Fagotti</td>
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Dr. Fagotti has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Marc
2. Surname (Last Name)  Philippon
3. Date  28-February-2016
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title
Labral Augmentation with Native Tissue Preservation: A Case Report with 7.5 Year Follow-Up
6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

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United States Patent 11/839,721
Anchor Delivery System

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