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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Yutaro

2. Surname (Last Name)  
Tajika

3. Date  
23-February-2017

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
Arthroscopic superior capsule reconstruction for dislocation of the shoulder with irreparable rotator cuff tear.

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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Dr. Tajika has nothing to disclose.

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### Section 1. Identifying Information

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

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

3. **Date**  
   09-December-2017

4. **Are you the corresponding author?**  
   [ ] Yes  ✔ No  
   **Corresponding Author’s Name**  
   Yutaro Tajika

5. **Manuscript Title**  
   Arthroscopic superior capsule reconstruction for dislocation of the shoulder with irreparable rotator cuff tear.

6. **Manuscript Identifying Number (if you know it)**  
   CC-D-17-00224R1

### 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.)?

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Dr. Nishinaka has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hiroaki</td>
<td>Tsutsui</td>
<td>09-December-2017</td>
</tr>
</tbody>
</table>

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

   Corresponding Author’s Name  
   Yutaro Tajika

5. Manuscript Title  
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Dr. Tsutsui has nothing to disclose.

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2. Surname (Last Name) Uehara
3. Date 09-December-2017
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Yutaro Tajika

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Dr. Uehara has nothing to disclose.

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