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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**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) Carmen
2. Surname (Last Name) Hann
3. Date 27-November-2016
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name Markus Scheibel

5. Manuscript Title
Arthroscopic Reconstruction after acute AC Separation Injuries

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Carmen Hann has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Natascha
2. Surname (Last Name)  Kraus
3. Date  27-November-2016
4. Are you the corresponding author?  Yes  ✔ No

Corresponding Author’s Name  Markus Scheibel

5. Manuscript Title  Arthroscopic Reconstruction after acute AC Separation Injuries

6. Manuscript Identifying Number (if you know it)

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. Kraus has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Marvin

2. Surname (Last Name)  
   Minkus

3. Date  
   27-November-2016

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

   Corresponding Author’s Name  
   Markus Scheibel

5. Manuscript Title  
   Arthroscopic Reconstruction after acute AC Separation Injuries

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Marvin Minkus has nothing to disclose.

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1. Given Name (First Name) Markus
2. Surname (Last Name) Scheibel
3. Date 27-November-2016
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title Arthroscopic Reconstruction after acute AC Separation Injuries
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Are there any relevant conflicts of interest? Yes ✔ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Dr. Scheibel reports personal fees from Arthrex, during the conduct of the study.

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