ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 1. Identifying Information

1. Given Name (First Name)  
Matthew

2. Surname (Last Name)  
Provencher

3. Date  
07-September-2018

4. Are you the corresponding author?  
    [ ] Yes  [x] No

Corresponding Author’s Name  
Robert F. LaPrade, MD, PhD

5. Manuscript Title  
Acromioclavicular and Coracoclavicular Ligament Reconstruction for Acromioclavicular Joint Instability

6. Manuscript Identifying Number (if you know it)

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<th>Non-Financial Support?</th>
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<th>Comments</th>
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<tr>
<td>Arthrex</td>
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<td>SLACK Inc.</td>
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<td>[x]</td>
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<td></td>
<td>Consultant</td>
</tr>
</tbody>
</table>

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1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   LaPrade

3. Date  
   07-September-2018

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

5. Manuscript Title  
   Acromioclavicular and Coracoclavicular Ligament Reconstruction for Acromioclavicular Joint Instability

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   ✔ No

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   ✔ Yes  
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</thead>
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<td>✔</td>
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<td>Research support</td>
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<td></td>
<td></td>
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Dr. LaPrade reports personal fees from Arthrex, personal fees from Smith & Nephew, grants from AOSSM Research Grant, personal fees from Ossur, grants from OREF Career Development Grant, grants from OREF Clinical Research Award 2013, grants from Health East Norway Research Grant, grants from Minnesota Medical Foundation grants, outside the submitted work; and Editorial Board of American Journal of Sports Medicine, Journal of Experimental Orthopaedics, and Knee Surgery, Sports Traumatology, Arthroscopy.
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1. Given Name (First Name)  
Mitchell

2. Surname (Last Name)  
Kennedy

3. Date  
07-September-2018

4. Are you the corresponding author?  
Yes [ ] No [x]

**Corresponding Author’s Name**  
Robert F. LaPrade, MD, PhD

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Mr. Kennedy has nothing to disclose.

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1. Given Name (First Name)  Liam
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3. Date  07-September-2018
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