

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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) Lizbeth	2. Surname (Last Name) Perez	3. Date 17-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Steven DeFroda
5. Manuscript Title Shoulder Instability in Women versus Men: Epidemiology, Pathophysiology, and Special Considerations		
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

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Ms. Perez has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Brett 2. Surname (Last Name) Owens 3. Date 17-February-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Steven DeFroda

5. Manuscript Title
Shoulder Instability in Women versus Men: Epidemiology, Pathophysiology, and Special Considerations

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? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Mitek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consultant
CONMED/MTF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consultant

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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Dr. Owens is an Editor for AJSM.

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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. Owens reports other from Mitek, other from CONMED/MTF, outside the submitted work; and Dr. Owens is an Editor for AJSM..

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Section 1. Identifying Information

1. Given Name (First Name) Joseph	2. Surname (Last Name) Donnelly	3. Date 17-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Steven DeFroda
5. Manuscript Title Shoulder Instability in Women versus Men: Epidemiology, Pathophysiology, and Special Considerations		
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Mr. Donnelly has nothing to disclose.

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1. Given Name (First Name) Mary	2. Surname (Last Name) Mulcahey	3. Date 17-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Steven DeFroda
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Dr. Mulcahey has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Steven

2. Surname (Last Name)
DeFroda

3. Date
17-February-2019

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6. Manuscript Identifying Number (if you know it)

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