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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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)  Gabriel
2. Surname (Last Name)  Cárdenas
3. Date  29-July-2019

4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name  Devin Lemmex

5. Manuscript Title
Arthroscopic Management of Anterior Glenoid Bone Loss

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

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. Cárdenas has nothing to disclose.

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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)  
Pascal

2. Surname (Last Name)  
Boileau

3. Date  
25-July-2019

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Devin Lemmex

5. Manuscript Title  
Arthroscopic Management of Anterior Glenoid Bone Loss

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

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

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Smith &amp; Nephew</td>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☑ 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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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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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. Boileau reports personal fees from Smith & Nephew, outside the submitted work; In addition, Dr. Boileau has a patent Smith & Nephew issued.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Matthew

2. Surname (Last Name)  
Ricks

3. Date  
29-July-2019

4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author’s Name

5. Manuscript Title  
Arthroscopic Management of Anterior Glenoid Bone Loss

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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Dr. Ricks has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Mikaël

2. Surname (Last Name)  
Chelli

3. Date  
28-July-2019

4. Are you the corresponding author?  
Yes ☐ No ☑  
Corresponding Author’s Name

5. Manuscript Title  
Arthroscopic Management of Anterior Glenoid Bone Loss

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Section 1. Identifying Information

1. Given Name (First Name)  Jarret
2. Surname (Last Name)  Woodmass
3. Date  29-July-2019

4. Are you the corresponding author?  ☑ No
   Corroponding Author’s Name  Devin Lemmex

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  
   Devin

2. Surname (Last Name)  
   Lemmex

3. Date  
   03-July-2019

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

5. Manuscript Title  
   Arthroscopic Management of Anterior Glenoid Bone Loss

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-19-00049

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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. Lemmex has nothing to disclose.

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