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”.

3. **Relevant financial activities outside the submitted work.**

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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) James
2. Surname (Last Name) Bomar
3. Date 17-May-2019
4. Are you the corresponding author? ☑ Yes □ No
   Corresponding Author’s Name Andrew Pennock, MD
5. Manuscript Title Anterior Glenohumeral Instability in the Adolescent Athlete
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.)?

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

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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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mr. Bomar 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)**
   - Kevin

2. **Surname (Last Name)**
   - Parvaresh

3. **Date**
   - 17-May-2019

4. **Are you the corresponding author?**
   - Yes [✔]

5. **Manuscript Title**
   - Anterior Glenohumeral Instability in the Adolescent Athlete

6. **Manuscript Identifying Number (if you know it)**

**Corresponding Author’s Name**
- Andrew Pennock, MD

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  [✔] No

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**Section 4. Intellectual Property -- Patents & Copyrights**

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Dr. Parvaresh has nothing to disclose.

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1. Given Name (First Name)  
   Mario  
2. Surname (Last Name)  
   Vargas-Vila  
3. Date  
   17-May-2019  
4. Are you the corresponding author?  
   Yes [ ] No [x]  
   Corresponding Author’s Name  
   Andrew Pennock, MD  
5. Manuscript Title  
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Dr. Vargas-Vila has nothing to disclose.

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Pennock
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## Section 1. Identifying Information

1. Given Name (First Name)  
Andrew  

2. Surname (Last Name)  
Pennock  

3. Date  
17-May-2019  

4. Are you the corresponding author?  
✔ Yes  
No  

5. Manuscript Title  
Anterior Glenohumeral Instability in the Adolescent Athlete  

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✔ Yes  
No  

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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Dr. Pennock reports other from Imagen, personal fees from OrthoPediatrics, personal fees from Smith & Nephew, Inc., personal fees from Arthrex, Inc., personal fees from Sportstek Medical, Inc., outside the submitted work;

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