

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Kai-Nan

2. Surname (Last Name)

AN

3. Date

02-July-2015

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Repairing the Capsule to the Grafted Bone Increases Range of Motion in the Latarjet Procedure

6. Manuscript Identifying Number (if you know it)

NA

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Dr. AN has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Alexander

2. Surname (Last Name)

Hooke

3. Date

02-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Kai-Nan An, Ph.D.

5. Manuscript Title

Repairing the Capsule to the Grafted Bone Increases Range of Motion in the Latarjet Procedure

6. Manuscript Identifying Number (if you know it)

NA

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### Section 1. Identifying Information

1. Given Name (First Name)  
Eiji

2. Surname (Last Name)  
Itoi

3. Date  
02-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Kai-Nan An, Ph.D.

5. Manuscript Title  
Repairing the Capsule to the Grafted Bone Increases Range of Motion in the Latarjet Procedure

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

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### Section 1. Identifying Information

1. Given Name (First Name)

Yoshiaki

2. Surname (Last Name)

Itoigawa

3. Date

02-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Kai-Nan An, Ph.D.

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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John

2. Surname (Last Name)

Sperling

3. Date

02-July-2015

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☐ Yes

☒ No

Corresponding Author's Name

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Dr. Sperling has nothing to disclose.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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) Scott	2. Surname (Last Name) Steinmann	3. Date 02-July-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kai-Nan An, Ph.D.
5. Manuscript Title Repairing the Capsule to the Grafted Bone Increases Range of Motion in the Latarjet Procedure		
6. Manuscript Identifying Number (if you know it) NA		

### 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

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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
Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	royalty
Arthrex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	royalty

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Steinmann reports other from Biomet, other from Arthrex, outside the submitted work; .

### 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)

Nobuyuki

2. Surname (Last Name)

Yamamoto

3. Date

07-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Kai-Nan An

5. Manuscript Title

Repairing the Capsule to the Grafted Bone Increases Range of Motion in the Latarjet Procedure

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

### Section 3. Relevant financial activities outside the submitted work.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Yamamoto 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)  
Kristin

2. Surname (Last Name)  
Zhao

3. Date  
02-July-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Kai-Nan An, Ph.D.

5. Manuscript Title  
Repairing the Capsule to the Grafted Bone Increases Range of Motion in the Latarjet Procedure

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

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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

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Zhao has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Yoshiaki	2. Surname (Last Name) Itoigawa	3. Date 12-May-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name An Kai-Nan
5. Manuscript Title Repairing the Capsule to the Transferred Coracoid Preserves External Rotation in the Modified Latarjet Procedure		
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. 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Alumni Scholarship of Juntendo University School of Medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Division of Orthopedic Research, Mayo Clinic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funded internally

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Itoigawa reports grants from Alumni Scholarship of Juntendo University School of Medicine , grants from Division of Orthopedic Research, Mayo Clinic, during the conduct of the study; .

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