ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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.

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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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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): Elisabeth
2. Surname (Last Name): Boehm
3. Date: 02-October-2016

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

Corresponding Author's Name: Markus Scheibel

5. Manuscript Title: Arthroscopic glenoid reconstruction for chronic anteroinferior shoulder instability using a tricortical iliac crest bone graft

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

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Section 6. Disclosure Statement

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Dr. Boehm 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): Christian
2. Surname (Last Name): Gerhardt
3. Date: 02-October-2016

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

Corresponding Author's Name: Markus Scheibel

5. Manuscript Title: Arthroscopic Glenoid Reconstruction for Chronic Anteroinferior Shoulder Instability Using a Tricortical Iliac Crest Bone Graft

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

Section 3. Relevant financial activities outside the submitted work.

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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

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Dr. Gerhardt 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): Natascha
2. Surname (Last Name): Kraus
3. Date: 04-October-2016

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

Corresponding Author's Name: Markus Scheibel

5. Manuscript Title: Arthroscopic glenoid reconstruction for chronic anteroinferior shoulder instability using a tricortical iliac crest bone graft

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

Section 2. The Work Under Consideration for Publication

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Dr. Kraus 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): Markus
2. Surname (Last Name): Scheibel
3. Date: 13-October-2016

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

5. Manuscript Title: Arthroscopic glenoid reconstruction for chronic anteroinferior shoulder instability using a tricortical iliac crest bone graft

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Arthrex	[ ]	[✓]	[ ]	[ ]		

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. Scheibel reports personal fees from Arthrex, during the conduct of the study.

Evaluation and Feedback

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