

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.

Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

Anderl 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Werner		2. Surname (Last Name) Anderl	3. Date 11-August-2019		
4. Are you the corresponding author?		Yes Vo	Corresponding Author's Name Leo Pauzenberger		
5. Manuscript Title Arthroscopic Implant-free Bone Grafting for Shoulder Instability with Glenoid Bone Loss					
6. Manuscript Ider ST-D-18-00109	ntifying Number (if you kr	now it)			
Section 2.	The Work Under C	onsideration for Publ	ication		
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, d	m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,		
Section 3.	Relevant financial	activities outside the	submitted work.		
of compensation clicking the "Add) with entities as descr	ibed in the instructions. Uport relations hips that we	hether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication .		
	out the appropriate info				
Name of Entity		Grant	on-Financial Support? Comments		
Arthrex Inc.					
Medacta					
Section 4.	Intellectual Prope	rty Patents & Copyri	ights		
Do you have any	patents, whether plan	ned, pending or issued, b	proadly relevant to the work? Yes V		

Anderl 2



Section 5. Polationships not severed above
Relationships not covered above
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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. Anderl reports personal fees from Arthrex Inc., personal fees from Medacta, outside the submitted work; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Heuberer 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi Philipp	rst Name)	Name) 2. Surname (Last Name) Heuberer		3. Date 11-August-2019			
4. Are you the cor	esponding author? Yes V No		No	Corresponding Author's Name Leo Pauzenberger			
5. Manuscript Title Arthroscopic Imp	e plant-free Bone Graftin	g for Shoulder I	Instability wi	th Glenoid Bone	Loss		
6. Manuscript Ider ST-D-18-00109	ntifying Number (if you kr	ow it)					
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any aspect of the s statistical analysis, Are there any rel	etitution at any time recei ubmitted work (including etc.)? evant conflicts of intere	but not limited					
Section 3.	Relevant financial	activities out	tside the su	bmitted worl	ζ.		
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Name of Entity		Grant.		Financial Oth	er? Commen	ts	
Arthrex Inc.			✓				
Section 4.	Intellectual Proper	ty Patents	& Copyrigl	nts			
Do you have any	patents, whether plan	ned, pending o	r issued, bro	adly relevant to	the work?	Yes ✓ No	

Heuberer 2



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Pauzenberger 1



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Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity; port relationships that were present during the 36 i	add as many lines as you need by			
Section 4. Intellectual Proper	rty Patents & Copyrights				
intenectual Proper	rty - rateins & copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Pauzenberger 2



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Dr. Pauzenberger has nothing to disclose.

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