

## 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.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Ryan T

2. Surname (Last Name)

Li

3. Date

02-March-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

On-track lesions with a small distance-to-dislocation are associated with failure after arthroscopic anterior shoulder stabilization

6. Manuscript Identifying Number (if you know it)

20.00917

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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☐ Yes

☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

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Dr. Li 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)  
Gillian

2. Surname (Last Name)  
Kane

3. Date  
02-March-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

On-track lesions with a small distance-to-dislocation are associated with failure after arthroscopic anterior shoulder stabilization

6. Manuscript Identifying Number (if you know it)

20.00917

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Gillian Kane 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)  
Mauricio

2. Surname (Last Name)  
Drummond

3. Date  
02-March-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

5. Manuscript Title

On-track lesions with a small distance-to-dislocation are associated with failure after arthroscopic anterior shoulder stabilization

6. Manuscript Identifying Number (if you know it)

20.00917

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

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Dr. Drummond 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)

Elan

2. Surname (Last Name)

Golan

3. Date

02-March-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

On-track lesions with a small distance-to-dislocation are associated with failure after arthroscopic anterior shoulder stabilization

6. Manuscript Identifying Number (if you know it)

20.00917

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Dr. Golan 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)  
Kevin

2. Surname (Last Name)  
Wilson

3. Date  
02-March-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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#### 4. Intellectual Property.

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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)  
Bryan

2. Surname (Last Name)  
Lesniak

3. Date  
02-March-2021

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

5. Manuscript Title

On-track lesions with a small distance-to-dislocation are associated with failure after arthroscopic anterior shoulder stabilization

6. Manuscript Identifying Number (if you know it)

20.00917

### 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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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

### 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. Lesniak has nothing to disclose.

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#### 1. Identifying information.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Rodosky

3. Date  
02-March-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

On-track lesions with a small distance-to-dislocation are associated with failure after arthroscopic anterior shoulder stabilization

6. Manuscript Identifying Number (if you know it)

20.00917

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

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Dr. Rodosky 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) Albert	2. Surname (Last Name) Lin	3. Date 02-March-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name		
5. Manuscript Title On-track lesions with a small distance-to-dislocation are associated with failure after arthroscopic anterior shoulder stabilization		
6. Manuscript Identifying Number (if you know it) 20.00917		

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid Consultant
Wright Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid Consultant

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

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Dr. Lin reports other from Arthrex, other from Wright Medical, outside the submitted work; .

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