

## ICMJE DISCLOSURE FORM

**Date:** 11/21/2022

**Your Name:** Marco MAIOTTI

**Manuscript Title:** The Arthroscopic Bankart-plus procedure and ASA repair in heterologous glenoid bone grafting for recurrent anterior instability. A preliminary clinical and radiological multicentric study.

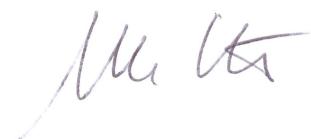
**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Consultant Arthrex</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Consultant Arthrex						
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



## ICMJE DISCLOSURE FORM

**Date:** 11/21/2022

**Your Name:** Carlo MASSONI

**Manuscript Title:** The Arthroscopic Bankart-plus procedure and ASA repair in heterologous glenoid bone grafting for recurrent anterior instability.A preliminary clinical and radiological multicentric study.

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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# ICMJE DISCLOSURE FORM

**Date:** 11/21/2022

**Your Name:** [Francesco DI PIETTO]

**Manuscript Title:** [The Arthroscopic Bankart-plus procedure and ASA repair in heterologous glenoid bone grafting for recurrent anterior instability. A preliminary clinical and radiological multicentric study.]

**Manuscript Number (if known):** [Click or tap here to enter text.]

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## ICMJE DISCLOSURE FORM

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**Your Name:** Maurizio ROMANO

**Manuscript Title:** The Arthroscopic Bankart-plus procedure and ASA repair in heterologous glenoid bone grafting for recurrent anterior instability. A preliminary clinical and radiological multicentric study.

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*Maurizio Romano*

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**Date:** 11/21/2022  
**Your Name:** Antonio GUASTAFIERRO  
**Manuscript Title:** **The Arthroscopic Bankart-plus procedure and ASA repair in heterologous glenoid bone grafting for recurrent anterior instability. A preliminary clinical and radiological multicentric study.**  
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 **None**  
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**Time frame: past 36 months**

**2** Grants or contracts from any entity (if not indicated in item #1 above).

**None**

**3** Royalties or licenses

**None**

**4** Consulting fees

**None**

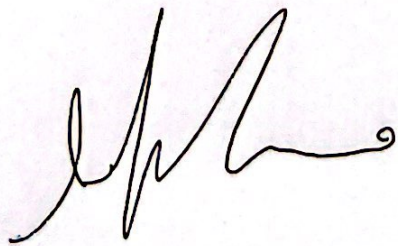
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**Your Name:** Giuseppe DELLA ROTONDA

**Manuscript Title:** The Arthroscopic Bankart-plus procedure and ASA repair in heterologous glenoid bone grafting for recurrent anterior instability.A preliminary clinical and radiological multicentric study.

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<b>Time frame: Since the initial planning of the work</b>									
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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