

## *Arthroscopy: The Journal of Arthroscopic and Related Surgery*

### — Instructions —

## ICMJE Form for Disclosure of Potential Conflicts of Interest

**Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author's completed form must then be uploaded with the manuscript.**

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 in four parts:

### Section 1. Identifying information

Enter your full name and provide the manuscript title.

### Section 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." Then complete the provide the information requested.

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**Section 1. Identifying Information**

- 1. Given Name Dean 2. Surname Wang
- 3. Are you the corresponding author? Yes  No
- 4. Effective Date March 23, 2017
- 5. Manuscript Title Figure-of-Eight Reconstruction Technique for Chronic Posterior Sternoclavicular Joint Dislocation

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1. Grant

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity         
Comments†       

2. Consulting fee or honorarium

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity         
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3. Support for travel to meetings for the study or other purposes

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Comments†       

5. Payment for writing or reviewing the manuscript

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Comments†       

6. Provision of writing assistance, medicines, equipment, or administrative support

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8. Patents (planned, pending or issued)

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12. Travel/accommodations/ meeting expenses unrelated to activities listed\*\*

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**Section 1. Identifying Information**

- 1. Given Name David 2. Surname Altchek
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5. Manuscript Title Figure-of-Eight Reconstruction Technique for Chronic Posterior Sternoclavicular Joint Dislocation

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

No

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

### 1. Grant

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_  
Comments†\_\_\_\_

### 2. Consulting fee or honorarium

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_  
Comments†\_\_\_\_

### 3. Support for travel to meetings for the study or other purposes

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_  
Comments†\_\_\_\_

### 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_  
Comments†\_\_\_\_

### 5. Payment for writing or reviewing the manuscript

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_  
Comments†\_\_\_\_

### 6. Provision of writing assistance, medicines, equipment, or administrative support

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_  
Comments†\_\_\_\_

### 7. Other

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_  
Comments†\_\_\_\_

\* This means money that your institution received for your efforts on this study.

† Use this section to provide any needed explanation.

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

#### 1. Board membership

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 2. Consultancy

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_Arthrex Inc; Conmed Linvatec; Ossur\_\_\_ Comments\_\_\_

#### 3. Employment

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 4. Expert testimony

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 5. Grants/grants pending

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 6. Payment for lectures including service on speakers bureaus

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 7. Payment for manuscript preparation

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 8. Patents (planned, pending or issued)

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 9. Royalties

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_Biomet; Wolters Kluwer Health\_\_\_ Comments\_\_\_

#### 10. Payment for development of educational presentations

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 11. Stock/stock options

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 12. Travel/accommodations/ meeting expenses unrelated to activities listed\*\*

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 13. Other (err on the side of full disclosure)

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

