

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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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jaehack

2. Surname (Last Name)

Cha

3. Date

12-November-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

L-shape Superior capsular augmentation technique using biceps tendon

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Cha 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)
Doo-Sup

2. Surname (Last Name)
Kim

3. Date
12-November-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jaehack Cha

5. Manuscript Title
L-shape Superior capsular augmentation technique using biceps tendon

6. Manuscript Identifying Number (if you know it)

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Jisu

2. Surname (Last Name)

Park

3. Date

12-November-2019

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Yes No

Corresponding Author's Name

Jaehack Cha

5. Manuscript Title

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Junseop

2. Surname (Last Name)
Yeom

3. Date
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Yes No

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5. Manuscript Title
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