

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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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) _____ Werner

2. Surname (Last Name) _____ Anderl

3. Date _____ 09-October-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name _____ Leo Pauzenberger

5. Manuscript Title _____ Glenohumeral Microfracturing: Mid- to Long- term Outcome

6. Manuscript Identifying Number (if you know it) _____

Section 2. The Work Under Consideration for Publication

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medacta	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Anderl reports personal fees from Arthrex, personal fees from Medacta, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Julia

2. Surname (Last Name)

Frank

3. Date

09-October-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Leo Pauzenberger

5. Manuscript Title

Glenohumeral Microfracturing: Mid- to Long- term Outcome

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Frank has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Philipp 2. Surname (Last Name) Heuberer 3. Date 09-October-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Leo Pauzenberger

5. Manuscript Title
Glenohumeral Microfracturing: Mid- to Long- term Outcome

6. Manuscript Identifying Number (if you know it)

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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Section 1. Identifying Information

1. Given Name (First Name) Brenda	2. Surname (Last Name) Laky	3. Date 09-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Leo Pauzenberger
5. Manuscript Title Glenohumeral Microfracturing: Mid- to Long- term Outcome		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)
Leo

2. Surname (Last Name)
Pauzenberger

3. Date
09-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
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