

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.

Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

Arner 1



Section 1. Identifying Info	rmation				
1. Given Name (First Name) Justin	2. Surname (Last Name) Arner	3. Date 16-April-2020			
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Peter Millett			
5. Manuscript Title Posterior Glenoid Augmentation with	n Extra-articular Iliac Crest Au	utograft for Recurrent Posterior Shoulder Instability			
6. Manuscript Identifying Number (if you	know it)				
		_			
Section 2. The Work Under	Consideration for Publi	cation			
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Section 3. Relevant financia	al activities outside the	submitted work.			
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Section 4. Intellectual Prop	erty Patents & Copyri	ghts			
Do you have any patents, whether pla	anned, pending or issued, b	roadly relevant to the work? Yes V No			

Arner 2



Section 5. Polotionships not sovered above	
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Section 6. Disclosure Statement	
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.	
Dr. Arner has nothing to disclose.	

Evaluation and Feedback

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Goldenberg 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Brandon	2. Surname (Last Name) Goldenberg	3. Date 16-April-2020			
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Peter J. Millett MD, MSc			
5. Manuscript Title Posterior Glenoid Augmentation with I	Extra-articular Iliac Crest Au	utograft for Recurrent Posterior Shoulder Instability			
6. Manuscript Identifying Number (if you k	now it)				
Section 2. The Work Under C	onsideration for Public	cation			
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,			
Are there any relevant connicts of lifter	est: Tes 🚺 140				
Section 3. Polygant financial					
Relevant financial	activities outside the s	submitted work.			
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Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No			

Goldenberg 2



Section 5.	
Section 5.	Relationships not covered above
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Mr. Goldenberg	has nothing to disclose.

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Elrick 1



Section 1. Identifying Inform	-4:					
Identifying Information	ation					
Given Name (First Name) Bryant	2. Surname (Last Name) Elrick		3. Date 16-April-2020			
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding A				
5. Manuscript Title Posterior Glenoid Augmentation with Ex	xtra-articular Iliac Crest A	Autograft for Recur	rent Posterior Shoulder Instability			
6. Manuscript Identifying Number (if you kno	ow it)					
Section 2. The Work Under Co	nsideration for Publ	ication				
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Section 3. Relevant financial a	activities outside the	submitted worl	C .			
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Name of Entity	Grant	on-Financial Support	er? Comments			

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Steadman Philippon Research Institute (SPRI)		✓			Current paid employee at SPRI. SPRI exercises special care to identify any financial interests or relationships related to research conducted here. During the past calendar year, SPRI has received grant funding or in-kind donations from Arthrex, Department of Defense Office of Naval Research, DJO, MLB, Ossur, Siemens, Smith & Nephew and XTRE.

Elrick 2



Section 4
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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Section 6. Disclosure Statement
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Mr. Elrick reports personal fees from Steadman Philippon Research Institute (SPRI), outside the submitted work.

Evaluation and Feedback

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1

Dekker



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Travis	2. Surname (Last Name) Dekker	3. Date 16-April-2020			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dr. Peter J. Millett			
5. Manuscript Title Posterior Glenoid Augmentation with E	extra-articular Iliac Crest Au	utograft for Recurrent Posterior Shoulder Instability			
6. Manuscript Identifying Number (if you kr	now it)				
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Section 4. Intellectual Proper	rty Patents & Copyric	ghts			
Do you have any patents, whether plan					

Dekker 2



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Dr. Dekker has nothing to disclose.

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Nolte 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Philip-Christian	rst Name)	2. Surname (Last Name) Nolte	3. Date 02-March-2020		
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Dr. Peter J. Millett		
5. Manuscript Title Posterior Glenoic		Extra-articular Iliac Crest A	Autograft for Recurrent Posterior Shoulder Instability		
6. Manuscript Ider	ntifying Number (if you kr	now it)			
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any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	g but not limited to grants, o	m a third party (government, commercial, private foundation, et data monitoring board, study design, manuscript preparation,	c.) for	
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Name of Entity		Grant	on-Financial Other? Comments		
Arthrex			Fellowship supported by Arthrex.		
Section 4.	Intellectual Proper	rty Patents & Copyr	rights		
Do you have any	•	.,	broadly relevant to the work? Yes V No		

Nolte 2



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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information	ation					
1. Given Name (First Name) Peter J.	2. Surnan Millett	ne (Last Nar	ne)		3. Date 16-April-2020	
4. Are you the corresponding author?	✓ Yes	No				
5. Manuscript Title Posterior Glenoid Augmentation with Ex	tra-articu	lar Iliac Cre	est Autograft for R	Recurrent	Posterior Shoulder Instability	
6. Manuscript Identifying Number (if you kno	ow it)					
Section 2. The Work Under Co	nsiderat	ion for P	ublication			
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest	but not lim	ited to gran				tc.) for
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Smith & Nephew				✓	Institution receives funding	
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Relationships not covered above
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