



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.

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)
Geoffrey

2. Surname (Last Name)
Smith

3. Date
24-September-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title

Does a vertical lateral acromioplasty violate the deltoid origin? An MRI and histological study.

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

Section 4. Intellectual Property -- Patents & Copyrights

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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. Smith 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) Victor	2. Surname (Last Name) Liu	3. Date 24-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Geoffrey Smith
5. Manuscript Title Does a vertical lateral acromioplasty violate the deltoid origin? An MRI and histological study.		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Fiona

2. Surname (Last Name)
Bonar

3. Date
24-September-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Geoffrey Smith

5. Manuscript Title
Does a vertical lateral acromioplasty violate the deltoid origin? An MRI and histological study.

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Patrick

2. Surname (Last Name)
Lam

3. Date
24-September-2019

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Corresponding Author's Name
Geoffrey Smith

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