

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Bhavik

2. Surname (Last Name)
Patel

3. Date
07-February-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Timeline for maximal medical improvement following shoulder stabilization surgery

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Patel has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yining	2. Surname (Last Name) Lu	3. Date 07-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bhavik Patel
5. Manuscript Title Timeline for maximal medical improvement following shoulder stabilization surgery		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Lu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Avinesh

2. Surname (Last Name)
Agarwalla

3. Date
07-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Bhavik Patel

5. Manuscript Title
Timeline for maximal medical improvement following shoulder stabilization surgery

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Richard

2. Surname (Last Name)
Puzzitiello

3. Date
07-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Bhavik Patel

5. Manuscript Title
Timeline for maximal medical improvement following shoulder stabilization surgery

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Benedict

2. Surname (Last Name)
Nwachukwu

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07-February-2020

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Yes No

Corresponding Author's Name
Bhavik Patel

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Dr. Nwachukwu has nothing to disclose.

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Gregory

2. Surname (Last Name)
Cvetanovich

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Yes No

Corresponding Author's Name
Bhavik Patel

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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. Cvetanovich has nothing to disclose.

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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

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

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Section 1. Identifying Information

1. Given Name (First Name) Jorge	2. Surname (Last Name) Chahla	3. Date 07-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bhavik Patel
5. Manuscript Title Timeline for maximal medical improvement following shoulder stabilization surgery		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Brian 2. Surname (Last Name) Forsythe 3. Date 07-February-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Bhavik Patel

5. Manuscript Title
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Jace Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock or stock options
Smith & Nephew	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship support
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant and Research Support
Ossur	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship support

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