Date:7/27/2021
Your Name:Stephen O'Neil
Manuscript Title:Modified Technique for Arthroscopic Bursal Acromial Reconstruction Utilizing Acellular
Dermal Allograft
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	<u>x</u> None Mammoth Orthopedic	Shared processing fees
	medical writing, article processing charges, etc.)	Institute Research Foundation	
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_x None	
	in item #1 above).		
3	Royalties or licenses	_x None	

Consulting fees	<u>x</u> None	
Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	<u>x</u> None	
educational events	. News	
testimony	X_None	
Support for attending meetings and/or travel	<u>x</u> None	
Patents planned, issued or pending	<u>x</u> None	
Participation on a Data Safety Monitoring Board or	None	
Advisory Board		
Leadership or fiduciary role in other board, society,	x_None	
committee or advocacy		
Stock or stock options	x_None	
Receipt of equipment	x None	
materials, drugs, medical		
services		
Other financial or non- financial interests	x None	
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational eventsPayment for expert testimonySupport for attending meetings and/or travelPatents planned, issued or pendingParticipation on a Data Safety Monitoring Board or Advisory BoardLeadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaidStock or stock optionsReceipt of equipment, materials, drugs, medical writing, gifts or other servicesOther financial or non-	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events

Date:7/27/2021	
Your Name:Sean Marvil	
Manuscript Title: Modified Technique for Arthroscopic Bursal Acromial Reconstruction Utilizing Acellular	
Dermal Allograft	
Manuscript number (if known):	

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	medical writing, article processing charges, etc.)	Institute Research	
	No time limit for this item.	Foundation	
		Timo fromes neet	26 months
2	Grants or contracts from	Time frame: past x None	Somonuns
2	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_x None	

4	Consulting fees	x None	
4	consulting lees		
5	Payment or honoraria for lectures, presentations,	<u>x</u> None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	<u> </u>	
7	Support for attending	x None	
,	meetings and/or travel		
8	Patents planned, issued or pending	<u>x</u> None	
9	Participation on a Data	x None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>x_</u> None	
12	Receipt of equipment,	v Nono	
12	materials, drugs, medical	<u>x</u> None	
	writing, gifts or other		
13	services Other financial or non-	x Nono	
13	financial interests	<u>x</u> None	

Date:	_7/27/202	21
Your Name	e: <u>H</u> ar	rison Lakehomer
Manuscrip	t Title:	Modified Technique for Arthroscopic Bursal Acromial Reconstruction Utilizing Acellular
Dermal All	ograft	
Manuscrip	t number	(if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_x None	

3	Royalties or licenses	<u>_x</u> None	
4	Consulting fees	<u>x</u> None	
5	Payment or honoraria for lectures, presentations,	<u>x</u> None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	<u> </u>	
_			
7	Support for attending meetings and/or travel	<u>x</u> None	
8	Patents planned, issued or pending	<u>x</u> None	
0	Participation on a Data	v Nono	
9	Participation on a Data Safety Monitoring Board or	<u>x</u> None	
	Advisory Board		
10	Loodenshin enfiducien, rele	. Nene	
10	Leadership or fiduciary role in other board, society,	<u>x</u> None	
	committee or advocacy		
4.4	group, paid or unpaid		
11	Stock or stock options	<u>x_</u> None	
12	Descript of any inclusion	News.	
12	Receipt of equipment, materials, drugs, medical	<u>x</u> None	
	writing, gifts or other services		
13	Other financial or non-	x None	
13	financial interests		

Date:7/27/2021			
Your Name:C. Cody Tipton			
Manuscript Title: Modified Technique for Arthroscopic Bursal Acromial Reconstruction Utilizing Acellular			
<u>Dermal Allograft</u>			
Manuscript number (if known):			

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	No time limit for this item.	Foundation	
		Timo fromes neet	26 months
2	Grants or contracts from	Time frame: past x None	Somonuns
2	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_x None	

4	Consulting fees	x None	
4	consulting lees		
5	Payment or honoraria for lectures, presentations,	<u>x</u> None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	<u> </u>	
7	Support for attending	x None	
,	meetings and/or travel		
8	Patents planned, issued or pending	<u>x</u> None	
9	Participation on a Data	x None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>x_</u> None	
12	Receipt of equipment,	v Nono	
12	materials, drugs, medical	<u>x</u> None	
	writing, gifts or other		
13	services Other financial or non-	x Nono	
13	financial interests	<u>x</u> None	

Date:	7/27/2021		
Your Name	Jordan Dobrich		
Manuscrip	Title: Modified Technique for Arthroscopic Bursal Acromial Reconstruction Utilizing Acellular		
Dermal Allo	ograft		
Manuscript number (if known):			

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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
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	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<u>x</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>x</u> None	

4	Conculting food	V. Nene	
4	Consulting fees	<u>x</u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	<u>x</u> None	
	manuscript writing or educational events		
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	<u>x</u> None	
8	Patents planned, issued or pending	<u>x</u> None	
9	Participation on a Data Safety Monitoring Board or	x None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	<u>x</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>x_</u> None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Date: 7/27/2021

Your Name: ____Brian Gilmer

Manuscript Title: Modified Technique for Arthroscopic Bursal Acromial Reconstruction Utilizing Acellular Dermal Allograft

Manuscript number (if known):___

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	provision of study materials, medical writing, article	Taos Orthopedic Institute Research Foundation	Shared processing fees
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_x None	
	in item #1 above).		
3	Royalties or licenses	<u>x</u> None	

4	Consulting fees	None Arthrex	Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Doximity	Doximity authors program
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	None Arthrex, stryker, Smith and Nepher, Don Joy, Breg, Shoulder FX, Catalyst, Ortho Science, Mammoth Hospital	Support to Institution for hosting an educational course
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Smart Medical Devices	Clinical Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	AANA Arthroscopy Journal	Committees Editorial board memberships
11	Stock or stock options	ROM3 Doximity	Stock held by me Stock held by me
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Arthrex	Research support outside of the presented work
13	Other financial or non- financial interests	None Mammoth Orthopedic Institute Reno Regenerative	Financial support for research and scholarly activities Medical Education
		Medicine Mammoth Sports Course	Medical Education

<u>x</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date:	_7/27/2021	
Your Name	e:Dan Guttmann	
Manuscript	t Title:Modified Technique for Arthroscopic Bursal Acromial Reconstruction Utilizing Acellular	
Dermal Allo	ograft	
Manuscript number (if known):		

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Arthrex, Medacta, Stryker, Smith and Nephew, Donjoy, Breg	

		1	
3	Royalties or licenses	<u>x</u> None	
4	Consulting fees	x None Arthrex	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>x</u> None	
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x None	
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	<u>x</u> None	