Date:
 11/28/2023

 Your Name:
 Jeffery St. Jeor

 Manuscript Title:
 Arthroscopic Suture Bridge Fixation for Acute Bony Bankart with Anterior Glenohumeral

 Instability Case Report and Narrative Review

 Manuscript number (if known):\_AOJ-23-46-R1(AOJ-2022-BLSISA-07)

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	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, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
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	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

#### Please summarize the above conflict of interest in the following box:

None.

## Please place an "X" next to the following statement to indicate your agreement:

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

 Date:
 11/28/2023

 Your Name:
 Thomas Mason

 Your Name:
 Thomas Mason

 Manuscript Title:
 Arthroscopic Suture Bridge Fixation for Acute Bony Bankart with Anterior Glenohumeral

 Instability Case Report and Narrative Review

 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).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
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	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

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None.

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\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

 Date:
 11/28/2023

 Your Name:
 Mark Glover

 Manuscript Title:
 Arthroscopic Suture Bridge Fixation for Acute Bony Bankart with Anterior Glenohumeral

 Instability Case Report and Narrative Review

 Manuscript number (if known):\_AOJ-23-46-R1(AOJ-2022-BLSISA-07)

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting for a	M. News	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
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	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

#### Please summarize the above conflict of interest in the following box:

None.

## Please place an "X" next to the following statement to indicate your agreement:

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	11/28/2023	
Your Name:	Nicholas Trasolini	
Manuscript Title:	Arthroscopic Suture Bridge Fixation for Acute Bony Bankart with Anterior Glenohumeral Instability Case Report and Narrative Review	
Manuscript Number (if known):	AQI-23-46-R1(AQI-2022-BI SISA-07)	

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

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None DJ Orthopaedics: Paid presenter or speaker	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☑ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)	
11	Stock or stock options	□ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None		
13	Other financial or non-financial interests	□ None		
	Please summarize   conflict of interest   following Box:     DJ Orthopaedics: Paid presenter or speaker			
Please place an "X" next to the following statement to indicate your agreement:				

Date:	11/28/2023	
Your Name:	Brian Waterman	
Manuscript Title:	Arthroscopic Suture Bridge Fixation for Acute Bony Bankart with Anterior Glenohumeral Instability Case Report and Narrative Review	
Manuscript Number (if known):	AOJ-23-46-R1(AOJ-2022-BLSISA-07)	

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			Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		lone	
3	Royalties or licenses	Arthro	lone oscopy: publishing royalties er: publishing royalties	

		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)
4	Consulting fees	None     DePuy: Paid consultant     FH Ortho: Paid consultant	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None         Arthrex: Paid presenter         Vericel: Paid Presenter	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	☑ None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None         AAOS board member         AOSSM Board member         ASES board member	Arthroscopy board member AANA board member VJSM editorial or governing board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

		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)		
11	Stock or stock options				
		Kaliber AI: stock or stock options Sparta: stock or stock options			
		Vivorte: stock or stock options			
12	Receipt of equipment,	⊠ None			
	materials, drugs, medical writing,				
	gifts or other				
	services				
13	Other financial or non-financial interests	None     None			
		Musculosckelatal transplant foundation: other financial or material support			
		Smith and Nephew: Other financial or material support			
	Please summarize conflict of interest following Box:				
	Arthroscopy: publishing royalties, Elsevier: publishing royalties, DePuy: Paid consultant, FH Ortho: Paid consultant, Arthrex: Paid presenter, Vericel: Paid Presenter, AAOS board member, Arthroscopy board member, AOSSM Board member AANA board member, ASES board member, VJSM editorial or governing board, Kaliber AI: stock or stock options, Sparta: stock or stock options, Vivorte: stock or stock options, Musculosckelatal transplant foundation: other financial or material support, Smith and Nephew: Other financial or material support				
Plea ⊠	<ul> <li>Please place an "X" next to the following statement to indicate your agreement:</li> <li>I certify that I have answered every question and have not altered the wording of any of the questions on this form.</li> </ul>				