

## ICMJE DISCLOSURE FORM

Date: 7/16/22

Your Name: Nihar Shah

Manuscript Title: Lower CAHPS Patient Satisfaction reported after Higher Postoperative

VAS Pain Scores for Ambulatory Shoulder Surgery         

Manuscript number (if known): ASJ-22-11-CL

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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none

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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: 6/4/22

Your Name: Yuta Umeda

Manuscript Title: Lower CAHPS Patient Satisfaction reported after Higher Postoperative

VAS Pain Scores for Ambulatory Shoulder Surgery         

Manuscript number (if known): ASJ-22-11-CL         

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## ICMJE DISCLOSURE FORM

Date: 7/18/22

Your Name: Brian Newyear

Manuscript Title: Lower CAHPS Patient Satisfaction reported after Higher Postoperative

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## ICMJE DISCLOSURE FORM

Date: 7/14/22

Your Name: Robert Matar

Manuscript Title: Lower CAHPS Patient Satisfaction reported after Higher Postoperative

VAS Pain Scores for Ambulatory Shoulder Surgery         

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## ICMJE DISCLOSURE FORM

Date: 7/14/22

Your Name: Matthew Frederickson

Manuscript Title: Lower CAHPS Patient Satisfaction reported after Higher Postoperative

VAS Pain Scores for Ambulatory Shoulder Surgery         

Manuscript number (if known): ASJ-22-11-CL         

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## ICMJE DISCLOSURE FORM

Date: 7/15/22

Your Name: Michael Parman

Manuscript Title: Lower CAHPS Patient Satisfaction reported after Higher Postoperative

VAS Pain Scores for Ambulatory Shoulder Surgery \_\_\_\_\_

Manuscript number (if known): ASJ-22-11-CL \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 7/15/22

Your Name: Ramsey Sabbagh

Manuscript Title: Lower CAHPS Patient Satisfaction reported after Higher Postoperative

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## ICMJE DISCLOSURE FORM

Date: 7/17/22

Your Name: Maria Weisgerber

Manuscript Title: Lower CAHPS Patient Satisfaction reported after Higher Postoperative

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## ICMJE DISCLOSURE FORM

Date: 7/17/22

Your Name: Brian Grawe

Manuscript Title: Lower CAHPS Patient Satisfaction reported after Higher Postoperative

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