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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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Chul-Hyun

2. Surname (Last Name)  
   Cho

3. Date  
   03-November-2016

4. Are you the corresponding author?  
   Yes □  No ✔

   Corresponding Author’s Name  
   Jon J.P. Warner

5. Manuscript Title  
   Changes in Psychological Status and Health-related Quality of Life Following Total Shoulder Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Dr. Cho has nothing to disclose.

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<tr>
<td>Margaret</td>
<td>Coats-Thomas</td>
<td>03-November-2016</td>
</tr>
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</table>

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name
Jon J.P. Warner

5. Manuscript Title
Changes in Psychological Status and Health-related Quality of Life Following Total Shoulder Arthroplasty

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Dr. Coats-Thomas has nothing to disclose.

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<tbody>
<tr>
<td>Ilseon</td>
<td>Hwang</td>
<td>03-November-2016</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [X] No

Corresponding Author’s Name: Jon J.P. Warner

5. Manuscript Title
Changes in Psychological Status and Health-related Quality of Life Following Total Shoulder Arthroplasty

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Dr. Hwang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Kwang-Soon
2. Surname (Last Name)  Song
3. Date  03-November-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Jon J.P. Warner
5. Manuscript Title
   Changes in Psychological Status and Health-related Quality of Life Following Total Shoulder Arthroplasty
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1. Given Name (First Name)  Jon
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3. Date  03-November-2016
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