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.

1. Identifying information.

2. The work under consideration for publication.

3. Relevant financial activities outside the submitted work.


5. Relationships not covered above.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Gazi

2. Surname (Last Name)  
Huri

3. Date  
24-March-2014

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

Corresponding Author’s Name  
Edward McFarland

5. Manuscript Title  
Reverse total shoulder arthroplasty without bone grafting for severe glenoid bone loss in patients with osteoarthritis

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Huri 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)  
YOON SUK

2. Surname (Last Name)  
HYUN

3. Date  
23-March-2014

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author’s Name
Edward G. McFarland

5. Manuscript Title  
Reverse total shoulder arthroplasty without bone grafting for severe glenoid bone loss in patients with osteoarthritis

6. Manuscript Identifying Number (if you know it)

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Dr. HYUN has nothing to disclose.

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Edward</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>McFarland</td>
</tr>
<tr>
<td>3. Date</td>
<td>16-April-2014</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>☑ Yes  No</td>
</tr>
</tbody>
</table>

5. Manuscript Title
Reverse Total Shoulder Arthroplasty without Bone Grafting for Severe Bone Loss in Patients with Osteoarthritis

6. Manuscript Identifying Number (if you know it)

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I am a consultant for Stryker Corporation arthroplasty division but have no financial relationship with the prosthesis studied here (Ternier & DJO Orthopedics). I do not get royalties from Stryker and am only a consultant.

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Dr. McFarland reports and I am a consultant for Stryker Corporation arthroplasty division but have no financial relationship with the prosthesis studied here (Ternier & DJO Orthopedics). I do not get royalties from Stryker and am only a consultant.

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Section 1. Identifying Information

1. Given Name (First Name)  Steve
2. Surname (Last Name)  Petersen
3. Date  20-March-2014
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Edward McFarland, MD
5. Manuscript Title
   Reverse shoulder arthroplasty without bone grafting with severe glenoid bone loss in patients with osteoarthritis.
6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
   Uma

2. Surname (Last Name)
   Srikumaran

3. Date
   24-March-2014

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   ☑ Yes  ☐ No

Corresponding Author’s Name
   Edward McFarland

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Dr. Srikumaran has nothing to disclose.

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