ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   MARGARET

2. Surname (Last Name)  
   SMITH

3. Date  
   02-September-2015

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

   Corresponding Author’s Name  
   TRAVIS FALCONER

5. Manuscript Title  
   CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   [x] No

## Section 3. Relevant financial activities outside the submitted work.

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   [ ] Yes  
   [x] No

## 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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   [x] No
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**Section 6. Disclosure Statement**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. SMITH has nothing to disclose.

**Evaluation and Feedback**

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Section 1. Identifying Information

1. Given Name (First Name)  Travis
2. Surname (Last Name)  Falconer
3. Date  03-September-2015
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Allan
2. Surname (Last Name) Young
3. Date 02-September-2015

4. Are you the corresponding author? ☐ Yes ✔ No
   Corresponding Author’s Name
   Dr Travis Falconer

5. Manuscript Title
   CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY

6. Manuscript Identifying Number (if you know it)

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Dr. Young reports personal fees from Rotation Medical Inc, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  Benjamin
2. Surname (Last Name)  Cass
3. Date  02-September-2015
4. Are you the corresponding author?  ✔ No
   Corresponding Author’s Name  Travis Falconer
5. Manuscript Title
   CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY
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Section 1. Identifying Information

1. Given Name (First Name)  Bernard
2. Surname (Last Name)  Hudson
3. Date  03-September-2105
4. Are you the corresponding author?  Yes  ✔  No
Corresponding Author’s Name  Travis Falconer
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Dr. Hudson has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Lisa</td>
<td>Kruse</td>
<td>03-September-2015</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY 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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   - No

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Dr. Kruse 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)**  
   MOHAMMED

2. **Surname (Last Name)**  
   BABA

3. **Date**  
   02-September-2015

4. **Are you the corresponding author?**  
   - Yes
   - No  
   ✔ No

5. **Manuscript Title**  
   CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest?  
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Fellowship funding from Tornier

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Dr. BABA reports fellowship funding from Tornier.

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## Section 1. Identifying Information

1. **Given Name (First Name)**  
Matthew

2. **Surname (Last Name)**  
Donaldson

3. **Date**  
03-September-2015

4. **Are you the corresponding author?**  

- [ ] Yes  
- [x] No

**Corresponding Author’s Name**  
Travis Falconer

5. **Manuscript Title**  
CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY

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- [x] No
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1. Given Name (First Name) Melanie
2. Surname (Last Name) Figtree
3. Date 03-September-2015
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Travis Falconer
5. Manuscript Title
   CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY
6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  Oscar
2. Surname (Last Name)  Dorrestijn
3. Date  03-September-2015
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Travis Falconer

5. Manuscript Title  CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY

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Dorrestijn
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