ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Cole

3. Date  
   28-October-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Functional Outcomes after Operative Management of Extra-articular Glenoid Neck and Scapula Body Fractures

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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   No

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   Erich

2. Surname (Last Name)  
   Gauger

3. Date  
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4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
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   Lisa

2. Surname (Last Name)  
   Schroder

3. Date  
   28-October-2015

4. Are you the corresponding author?  
   Yes

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   Jeffrey

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   Gilbertson

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