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.**
   
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3. **Relevant financial activities outside the submitted work.**
   
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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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) Matthew
2. Surname (Last Name) Evans
3. Date 23-April-2015
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Malin Wijeratna
5. Manuscript Title
   The Mid-term Clinical and Radiological Results of an All-polyethylene Pegged Bone-ingrowth Glenoid Component
6. Manuscript Identifying Number (if you know it)

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? Yes ☑ No

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If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant</th>
<th>Personal Fees</th>
<th>Non-Financial Support</th>
<th>Other</th>
<th>Comments</th>
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<td>Depuy Australia</td>
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<td>Support for Fellowship program</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No
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**Section 5. Relationships not covered above**

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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- [x] No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Evans reports personal fees from Conmed Linvatec, personal fees from Device Technologies Australia, grants from Depuy Australia, outside the submitted work.

**Evaluation and Feedback**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Gregory  
2. Surname (Last Name)  
   Hoy  
3. Date  
   26-April-2015  
4. Are you the corresponding author?  
   Yes ✔ No  
   Corresponding Author’s Name  
   Malin Wijeratna  
5. Manuscript Title  
   The Mid-term Clinical and Radiological Results of an All-polyethylene Pegged Bone-ingrowth Glenoid Component  
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Are there any relevant conflicts of interest?  
   Yes ✔ No  

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   Yes ✔ No  
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<thead>
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Dr. Hoy reports personal fees and other from Smith and Nephew, personal fees from Integra, personal fees and other from DePuy, outside the submitted work.

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**Identifying Information**

1. Given Name (First Name)  
   Steven

2. Surname (Last Name)  
   Lee

3. Date  
   21-April-2015

4. Are you the corresponding author?  
   Yes  
   No  

   Corresponding Author's Name  
   Malin Wijeratna

5. Manuscript Title  
   The Mid-term Clinical and Radiological Results of an All-polyethylene Pegged Bone-ingrowth Glenoid Component

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Dr. Lee has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   David  

2. Surname (Last Name)  
   Taylor  

3. Date  
   21-April-2015  

4. Are you the corresponding author?  
   Yes  
   No  
   ✔  

   Corresponding Author’s Name  
   Malin Wijeratna  

5. Manuscript Title  
   The Mid-term Clinical and Radiological Results of an All-polyethylene Pegged Bone-ingrowth Glenoid Component  

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Dr. Taylor has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Malin

2. Surname (Last Name)  
   Wijeratna

3. Date  
   21-April-2015

4. Are you the corresponding author?  
   ✔ Yes   No

5. Manuscript Title  
   The Mid-term Clinical and Radiological Results of an All-polyethylene Pegged Bone-ingrowth Glenoid Component

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   ✔ No

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Dr. Wijeratna has nothing to disclose.

Evaluation and Feedback

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