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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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

5. Relationships not covered above.

Use this section to report 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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Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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Pending: The patent has been filed but not issued
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)  
   Theodore

2. Surname (Last Name)  
   Blaine

3. Date  
   27-January-2015

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

   Corresponding Author’s Name  
   Sean Churchill

5. Manuscript Title  
   Clinical and radiographic outcomes of the simpliciti stemless shoulder arthroplasty system

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   ☑ Yes  
   ☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes  ✔ No

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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✔ 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. Blaine reports other from Tornier Inc, during the conduct of the study; other from Tornier Inc, outside the submitted work; .

Evaluation and Feedback
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## Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Chuinard

3. Date  
   07-February-2015

4. Are you the corresponding author?  
   Yes ✔ No

Corresponding Author’s Name  
Sean Churchill

5. Manuscript Title  
Clinical and Radiographic Outcomes of the Simpliciti Stemless Shoulder Arthroplasty System:

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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<td>Consulting and Royalties</td>
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Dr. Chuinard reports personal fees and other from Tornier, during the conduct of the study; personal fees from Tornier, personal fees from DePuy Mitek, outside the submitted work.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   R. Sean

2. Surname (Last Name)  
   Churchill

3. Date  
   27-January-2015

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

5. Manuscript Title  
   Clinical and Radiographic Outcomes of the Simpliciti Stemless Shoulder Arthroplasty System - A prospective 2 year multicenter study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   ✔ Yes  ❏ No

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<td>Tornier Inc</td>
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<td>☑</td>
<td>Consulting and research funding to pay for research nurse and other study associated costs</td>
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<td>Tornier Inc</td>
<td>☐</td>
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<td>☑</td>
<td>I have been a consultant and designing surgeon for Tornier for over 3 years</td>
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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? Yes ☑  No ☐

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<td></td>
<td>As a designing surgeon I have been listed on one of the patents regarding the Simpliciti Stemless Arthroplasty System and I will be eligible for royalty compensation.</td>
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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?

☑ Yes, the following relationships/conditions/circumstances are present (explain below):
☐ No other relationships/conditions/circumstances that present a potential conflict of interest

I am a paid consultant involved in the design of the Simpliciti Total Shoulder Arthroplasty system. I will receive royalties upon commercialization of the product.

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Dr. Churchill reports personal fees and other from Tornier Inc, during the conduct of the study; other from Tornier Inc, outside the submitted work; In addition, Dr. Churchill has a patent Simpliciti Stemless Arthroplasty System with royalties paid and I am a paid consultant involved in the design of the Simpliciti Total Shoulder Arthroplasty system. I will receive royalties upon commercialization of the product.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Michael
2. Surname (Last Name)  
   Freehill
3. Date  
   06-February-2015
4. Are you the corresponding author?  
   ✔ Yes  
   No
5. Manuscript Title  
   Clinical and Radiographic Outcomes of the Simpliciti Stemless Shoulder Arthroplasty System: A prospective 2-year multi-center study
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

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Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent
## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Richard

2. **Surname (Last Name)**
   - Friedman

3. **Date**
   - 03-October-2014

4. **Are you the corresponding author?**
   - Yes [✓]

5. **Manuscript Title**
   - Results of the Simpliciti Stemless Shoulder Arthroplasty System

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes  ✔ No

Section 5. Relationships not covered above

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Dr. Friedman reports other from Tornier, during the conduct of the study; personal fees from DJO Surgical, grants and personal fees from Exactech, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)       
   G. BRIAN
2. Surname (Last Name)          
   HOLLOWAY
3. Date                          
   06-February-2015
4. Are you the corresponding author? [ ] Yes  ✔ No

   Corresponding Author’s Name
   Sean Churchill

5. Manuscript Title
   Clinical and Radiographic Outcomes of the Simpliciti Stemless Shoulder Arthroplasty System:
   A prospective 2 year multi-center study
6. Manuscript Identifying Number (if you know it)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

☐ Yes  ✔ No

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Dr. HOLLOWAY reports other from TORNIER, INC, during the conduct of the study; other from TORNIER, other from DEPUY SYNTHES, outside the submitted work; and POTENTIAL ROYALITY PAYMENTS FOR THE DESIGN OF THE PROSTHESIS.
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Section 1. Identifying Information

1. Given Name (First Name)
   Scott

2. Surname (Last Name)
   Jacobson

3. Date
   28-January-2015

4. Are you the corresponding author? Yes ☑ No

Corresponding Author’s Name
Sean Churchill, MD

5. Manuscript Title
   Clinical and Radiographic Outcomes of the Simpliciti Stemless Shoulder Arthroplasty System: A prospective 2 year clinical study

6. Manuscript Identifying Number (if you know it)

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Dr. Jacobson reports other from Tornier, during the conduct of the study; personal fees from Tornier, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  
Tally

2. Surname (Last Name)  
Lassiter

3. Date  
03-October-2014

4. Are you the corresponding author?  
Yes

5. Manuscript Title  
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Lassiter
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Dr. Lassiter reports other from Tornier, during the conduct of the study.

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- **Issued:** The patent has been issued by the agency
- **Licensed:** The patent has been licensed to an entity, whether earning royalties or not
- **Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
   Gregory

2. Surname (Last Name)  
   Nicholson

3. Date  
   29-January-2015

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

   Corresponding Author’s Name  
   R. Sean Churchill

5. Manuscript Title  
   Clinical and Radiographic Outcomes of the Simpliciti Stemless Shoulder Arthroplasty System: A prospective 2 year multi-center study

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 ☐

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
Yes ☑  No ☐

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☑ Yes  ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Nicholson reports other from Tornier Inc, during the conduct of the study; other from Tornier Inc, outside the submitted work; In addition, Dr. Nicholson has a patent Innomed with royalties paid.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Matthew
2. Surname (Last Name)  Smith
3. Date  06-October-2014

4. Are you the corresponding author?  Yes  ✔  No

5. Manuscript Title

Results of the Simpliciti Stemless Shoulder Arthroplasty System: a multi-center study with 2 year follow-up.

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  Yes  ☐  No  ✔

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  ☐  No  ✔
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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 6. Disclosure Statement

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Dr. Smith reports other from Tornier, during the conduct of the study.

Evaluation and Feedback

Please visit [http://www.icmje.org/cgi-bin/feedback](http://www.icmje.org/cgi-bin/feedback) to provide feedback on your experience with completing this form.
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. Given Name (First Name)  
   Edwin

2. Surname (Last Name)  
   Spencer

3. Date  
   06-February-2015

4. Are you the corresponding author?  
   Yes  ✔️  No

   Corresponding Author’s Name  
   Churchill

5. Manuscript Title  
   Clinical and Radiographic Outcomes of the Simplicti Stemless Shoulder Arthroplasty System

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<td>funding to pay for research nurse and other study expenses</td>
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Are there any relevant conflicts of interest?  
Yes  ✔️  No

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<td>✔️</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No

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?

☑ Yes, the following relationships/conditions/circumstances are present (explain below):
☐ No other relationships/conditions/circumstances that present a potential conflict of interest

I am a consultant for Tornier and also receive royalties from Tornier for other products. I helped design this stemless prosthesis but the submitted study was performed with many different surgeons with no involvement and my particular involvement was limited secondary to the fact that I am a designing surgeon to mitigate any bias.

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Section 6. Disclosure Statement

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Dr. Spencer reports other from Tornier, during the conduct of the study; other from Tornier, outside the submitted work; and I am a consultant for Tornier and also receive royalties from Tornier for other products. I helped design this stemless prosthesis but the submitted study was performed with many different surgeons with no involvement and my particular involvement was limited secondary to the fact that I am a designing surgeon to mitigate any bias.

Evaluation and Feedback

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Spencer
ICMJE Form for Disclosure of Potential Conflicts of Interest

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

5. Relationships not covered above.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)**  
   J. Michael

2. **Surname (Last Name)**  
   Wiater, MD

3. **Date**  
   01-February-2015

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

   **Corresponding Author’s Name**  
   Sean Churchill, MD

5. **Manuscript Title**  
   Clinical and Radiographic Outcomes of the Simpliciti Stemless Shoulder Arthroplasty System: A Prospective 2-year Multi-center Study

6. **Manuscript Identifying Number (if you know it)**

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### 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  

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<td>✔</td>
<td>publication committee consultant and research funding to pay for research nurse and other study associated costs</td>
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- Yes  
- No  

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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?  
- Yes  
- No  

---

Wiater, MD
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Dr. Wiater, MD reports personal fees and other from Tornier, Inc, during the conduct of the study;.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jocelyn
2. Surname (Last Name) Wittstein
3. Date 02-October-2014
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Dr. Sean Churchill
5. Manuscript Title Results of the Simpliciti Stemless Shoulder Arthroplasty System: a multi-center study with 2 year follow up
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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<td>research funding to pay for research nurse and other study associated costs</td>
</tr>
</tbody>
</table>

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Dr. Wittstein reports other from Tornier Inc, during the conduct of the study.

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