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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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
### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Matthew</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Dilisio</td>
</tr>
<tr>
<td>3. Date</td>
<td>21-November-2013</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
</tr>
</tbody>
</table>

5. Manuscript Title  
Arthroscopic tissue biopsy for the evaluation of prosthetic shoulder infection

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  

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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  

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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  

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Section 5. Relationships not covered above

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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. Dilisio has nothing to disclose.

Evaluation and Feedback

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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
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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)  Jon  
2. Surname (Last Name)  Warner  
3. Date  21-November-2013  
4. Are you the corresponding author?  Yes  ✔  No  
Corresponding Author’s Name  Matthew F Dilisio, MD  
5. Manuscript Title  Arthroscopic tissue biopsy for the evaluation of prosthetic shoulder infection  
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  

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>Personal Fees</th>
<th>Non-Financial Support</th>
<th>Other</th>
<th>Comments</th>
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<td>Smith and Nephew, Arthrex, Mitek, Brey, DJO</td>
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<td></td>
<td>Education grant for fellowship</td>
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<td>Tornier</td>
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<td></td>
<td></td>
<td>✔</td>
<td>Royalty on rotator cuff implant</td>
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</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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Dr. Warner reports grants from Smith and Nephew, Arthrex, Mitek, Brey, DJO, other from Tournier, outside the submitted work.

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<tr>
<td>1. Given Name (First Name)</td>
<td>2. Surname (Last Name)</td>
<td>3. Date</td>
</tr>
<tr>
<td>Lindsay</td>
<td>Miller</td>
<td>21-November-2013</td>
</tr>
</tbody>
</table>

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

- **Corresponding Author’s Name**
  - Matthew F Dilisio, MD

5. Manuscript Title
   - Arthroscopic tissue biopsy for the evaluation of prosthetic shoulder infection

6. Manuscript Identifying Number (if you know it)

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Ms. Miller has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Laurence
2. Surname (Last Name)  Higgins
3. Date  07-November-2013
4. Are you the corresponding author?  [ ] Yes  ✔ No
Corresponding Author’s Name  Matthew Dilisio
5. Manuscript Title  Arthroscopic tissue biopsy for the evaluation of prosthetic shoulder infection
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Dr. Higgins has nothing to disclose.

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