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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<table>
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<tr>
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<th>2. <strong>Surname (Last Name)</strong></th>
<th>3. <strong>Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jacob</td>
<td>Gorbaty</td>
<td>12-January-2016</td>
</tr>
</tbody>
</table>

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

5. **Manuscript Title**
   Single-Stage Revision Is Effective for Failed Shoulder Arthroplasty with Positive Cultures for Propionibacterium

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?  
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   - No [x]

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   - No [x]

### 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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   - No [x]
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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. Gorbaty has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Jason
2. Surname (Last Name)  Hsu
3. Date  12-January-2016
4. Are you the corresponding author?  Yes  ✔  No

5. Manuscript Title
   Single-Stage Revision Is Effective for Failed Shoulder Arthroplasty with Positive Cultures for Propionibacterium

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.)?  Yes  ✔  No

Are there any relevant conflicts of interest?  Yes  ✔  No

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Are there any relevant conflicts of interest?  Yes  ✔  No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Hsu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Frederick
2. Surname (Last Name) Matsen III
3. Date 12-January-2016
4. Are you the corresponding author? ✔ Yes ☐ No
5. Manuscript Title Single Stage Revision is Effective for Failed Shoulder Arthroplasty with Positive Cultures for Propionibacterium
6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

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<th>Other?</th>
<th>Comments</th>
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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. Matsen III reports personal fees from Elsevier Publishing Company, outside the submitted work.

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<tr>
<td>Ian</td>
<td>Whitney</td>
<td>12-January-2016</td>
</tr>
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   - Yes  ✔  No

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