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.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## 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>Houdek</td>
</tr>
<tr>
<td>3. Date</td>
<td>30-November-2016</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
   Allograft-Prosthetic Composite Reconstruction for Massive Proximal Humerus Bone Loss in Reverse Shoulder Arthroplasty

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  
   ✔ 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  
   ✔ No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No  
   ✔ 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. Houdek has nothing to disclose.

Evaluation and Feedback

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2. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Franklin
2. Surname (Last Name)  Sim
3. Date  30-November-2016
4. Are you the corresponding author?  Yes  ✔ No
5. Manuscript Title  
   Allograft-Prosthetic Composite Reconstruction for Massive Proximal Humerus Bone Loss in Reverse Shoulder Arthroplasty
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.)?
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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
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Dr. Sim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Eric  
2. Surname (Last Name)  
   Wagner  
3. Date  
   30-November-2016  
4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Joaquin Sanchez-Sotelo, MD, PhD  
5. Manuscript Title  
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Dr. Wagner has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Joaquin

2. Surname (Last Name)  
Sanchez-Sotelo

3. Date  
20-July-2017

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

5. Manuscript Title  
“Allograft-Prosthetic Composite Reconstruction for Massive Proximal Humerus Bone Loss in Reverse Shoulder Arthroplasty”

6. Manuscript Identifying Number (if you know it)

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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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<tbody>
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<td>☐</td>
<td>☑</td>
<td></td>
<td>☐</td>
<td>Royalties and consulting fees</td>
</tr>
</tbody>
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Dr. Sanchez-Sotelo reports personal fees from Stryker, outside the submitted work.

**Evaluation and Feedback**

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