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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Iannotti

3. Date  
   09-February-2017

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

5. Manuscript Title  
   The Association Between Rotator Cuff Muscle Fatty Infiltration and Glenoid Morphology in Glenohumeral Osteoarthritis

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

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
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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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Dr. Iannotti reports personal fees from DePuy Synthes, personal fees from Zimmer, personal fees from Integra, personal fees from DJO, personal fees from Tornier, personal fees from Lippincott, personal fees from Arthrex, 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) Eric T
2. Surname (Last Name) Ricchetti
3. Date 08-February-2017
4. Are you the corresponding author? ☑ Yes  ☐ No

**Corresponding Author’s Name**
Joseph P. Iannotti, MD, PhD

5. Manuscript Title
The Association Between Rotator Cuff Muscle Fatty Infiltration and Glenoid Morphology in Glenohumeral Osteoarthritis

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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.**

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Kenneth

2. Surname (Last Name)  
   Donohue

3. Date  
   07-February-2017

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

5. Manuscript Title  
   The Association Between Rotator Cuff Muscle Fatty Infiltration and Glenoid Morphology in Glenohumeral Osteoarthritis

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Dr. Donohue has nothing to disclose.

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Donohue
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<td>4. Are you the corresponding author?</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Joseph P. Iannotti, MD, PhD</td>
</tr>
<tr>
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