ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
Peter

2. Surname (Last Name)  
Cole

3. Date  
15-May-2017

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

5. Manuscript Title  
Five to Ten Year Outcomes of Operatively Treated Scapula Fractures

6. Manuscript Identifying Number (if you know it)

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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

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## Section 6. Disclosure Statement

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Dr. Cole reports grants from Stryker, during the conduct of the study; grants from DepuySynthes, Stryker, AORF, grants from COTA, AONA, OMeGA, OREF, grants from Stryker, Zimmer, Acumed, DepuySynthes, personal fees from AO Foundation, other from BoneFoams, Inc, outside the submitted work.
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Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Gilbertson

3. Date  
   15-May-2017

4. Are you the corresponding author?  
   Yes ✔ No

Corresponding Author’s Name  
Peter A Cole, MD

5. Manuscript Title  
   Five to Ten Year Outcomes of Operatively Treated Scapula Fractures

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<td>✗</td>
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Section 1. Identifying Information

1. Given Name (First Name)  Lisa
2. Surname (Last Name)  Schroder
3. Date  15-May-2017
4. Are you the corresponding author?  Yes  ✔  No

5. Manuscript Title
Five to Ten Year Outcomes of Operatively Treated Scapula Fractures

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   Joscelyn

2. Surname (Last Name)  
   Tatro

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   15-May-2017

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   Corresponding Author’s Name  
   Peter A Cole

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