

## 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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Naveen

2. Surname (Last Name) Subhas

3. Date 12-April-2018

4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
Scapular Notching After Reverse Total Shoulder Arthroplasty: Prediction Using Patient-Specific Osseous Anatomy, Implant Location, and Shoulder Motion

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Siemens Medical Solutions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support for CT metal artifact reduction techniques

### 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. Subhas reports grants from Siemens Medical Solutions, 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) Joseph      2. Surname (Last Name) Iannotti      3. Date 13-February-2017

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Eric T. Ricchetti, MD

5. Manuscript Title  
use of patient-specific bony anatomy, implant location and shoulder motion in predicting scapular notching following reverse total shoulder arthroplasty

6. Manuscript Identifying Number (if you know it)  
\_\_\_\_\_

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy Synthes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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DePuy Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wright Tornier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DJO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Integra	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OrthoFix	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arhtrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Several related to software for pre operative planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Zimmer Biomet and Arthrex	

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Dr. Iannotti reports grants from DePuy Synthes, during the conduct of the study; personal fees from DePuy Synthes, personal fees from Wright Tornier, personal fees from DJO, personal fees from Integra, personal fees from OrthoFix, personal fees from Arhtrex, outside the submitted work; In addition, Dr. Iannotti has several patents related to software for pre operative planning with royalties paid from Zimmer-Biomet and Arthrex.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Nipun

2. Surname (Last Name)  
Sodhi

3. Date  
07-February-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Eric Ricchetti, MD

5. Manuscript Title  
Use of Patient-Specific Bony Anatomy, Implant Location and Shoulder Motion in Predicting Scapular Notching following Reverse Total Shoulder Arthroplasty

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Deputy Synthes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) lyooh uchechukwu

2. Surname (Last Name) Davidson

3. Date 16-February-2017

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name Eric Ricchetti MD

5. Manuscript Title Use of Patient-Specific Bony Anatomy, Implant Location and Shoulder Motion in Predicting Scapular Notching following Reverse Total Shoulder Arthroplasty

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Thomas

2. Surname (Last Name) Patterson

3. Date 27-January-2017

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Eric Ricchetti, MD

5. Manuscript Title  
Use of Patient-Specific Bony Anatomy, Implant Location and Shoulder Motion in Predicting Scapular Notching following Reverse Total Shoulder Arthroplasty

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DePuy Synthes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Patterson reports grants from DePuy Synthes, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Bong Jae

2. Surname (Last Name)  
Jun

3. Date  
31-January-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Eric Ricchetti, MD

5. Manuscript Title  
Use of Patient-Specific Bony Anatomy, Implant Location and Shoulder Motion in Predicting Scapular Notching following Reverse Total Shoulder Arthroplasty

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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Dr. Jun has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Eric

2. Surname (Last Name)  
Ricchetti

3. Date  
01-February-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Use of Patient-Specific Bony Anatomy, Implant Location and Shoulder Motion in Predicting Scapular Notching following Reverse Total 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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy, A Johnson & Johnson Company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

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Dr. Ricchetti reports grants from DePuy, A Johnson & Johnson Company, during the conduct of the study; personal fees from DePuy, A Johnson & Johnson Company, 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)  
Joel

2. Surname (Last Name)  
Kolmodin

3. Date  
27-January-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Eric Ricchetti

5. Manuscript Title  
Use of Patient-Specific Bony Anatomy, Implant Location and Shoulder Motion in Predicting Scapular Notching following Reverse Total Shoulder Arthroplasty

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Zong-Ming      2. Surname (Last Name) Li      3. Date 27-January-2017

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Eric Ricchetti, MD

5. Manuscript Title  
Use of Patient-Specific Bony Anatomy, Implant Location and Shoulder Motion in Predicting Scapular Notching following Reverse Total Shoulder Arthroplasty

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