ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  DEBORAH
2. Surname (Last Name)  MACDONALD
3. Date  02-July-2019
4. Are you the corresponding author?  
   Yes  No
5. Manuscript Title  COMPLICATIONS AND LONG-TERM OUTCOMES AFTER OPEN REDUCTION AND PLATE FIXATION OF PROXIMAL HUMERAL FRACTURES
6. Manuscript Identifying Number (if you know it)  BJS-D-19-00595R1

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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DEBORAH MACDONALD 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)  
   Christopher

2. Surname (Last Name)  
   Robinson

3. Date  
   21-June-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   COMPLICATIONS AND LONG-TERM OUTCOMES AFTER OPEN REDUCTION AND PLATE FIXATION OF PROXIMAL HUMERAL FRACTURES

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00595

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

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Dr. Robinson has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Ewan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Goudie</td>
</tr>
<tr>
<td>3. Date</td>
<td>03-July-2019</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
MIKE ROBINSON

5. Manuscript Title  
COMPLICATIONS AND LONG-TERM OUTCOMES AFTER OPEN REDUCTION AND PLATE FIXATION OF PROXIMAL HUMERAL FRACTURES

6. Manuscript Identifying Number (if you know it)  
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Dr. Goudie has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Stirling

3. Date  
   02-July-2019

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   C. Mike Robinson

5. Manuscript Title  
   COMPLICATIONS AND LONG-TERM OUTCOMES AFTER OPEN REDUCTION AND PLATE FIXATION OF PROXIMAL HUMERAL FRACTURES

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Dr. Stirling has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jason

2. Surname (Last Name)  
   Strelzow

3. Date  
   06-July-2019

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
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Dr. Strelzow has nothing to disclose.

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