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)  
   Mehmet  

2. Surname (Last Name)  
   Demirhan  

3. Date  
   23-June-2019  

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Ilker Eren  

5. Manuscript Title  
   Functional Outcomes and Complications Following Scapulothoracic Arthrodesis in Patients with Fascioscapulohumeral Dystrophy  

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

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Atalar
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>Atalar</td>
<td>23-June-2019</td>
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</tbody>
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   - [x] No  

Corresponding Author's Name  
Ilker Eren

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Dr. Atalar has nothing to disclose.

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1. Given Name (First Name)  Olgar
2. Surname (Last Name)     Birsel
3. Date                     23-June-2019
4. Are you the corresponding author?  Yes    No
   Corresponding Author’s Name    Ilker Eren

5. Manuscript Title
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1. Given Name (First Name)  
Ali

2. Surname (Last Name)  
Erşen

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☑ Yes  ☐ No  
Corresponding Author’s Name  
Ilker Eren

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Piraye

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Oflazer

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   For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.


   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.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)  Ilker
2. Surname (Last Name)  Eren
3. Date  23-June-2019
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Functional Outcomes and Complications Following Scapulothoracic Arthrodesis in Patients with Fascioscapulohumeral Dystrophy
6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00571

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

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 5. Relationships not covered above

Are there 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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):
☐ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Eren has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.