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.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Norman

2. Surname (Last Name)  
Boardman

3. Date  
04-November-2016

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

Corresponding Author’s Name  
Clarence Brian Toney

5. Manuscript Title  
Conversion of glenohumeral fusion to reverse total shoulder arthroplasty

6. Manuscript Identifying Number (if you know it)  
CC-D-16-00029

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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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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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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. Boardman reports personal fees from Depuy Synthes, personal fees from ZimmerBiomet speakers Bureau, outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Brandon
2. Surname (Last Name)  Barnes
3. Date  06-April-2016
4. Are you the corresponding author?  No

Corresponding Author's Name
Clarence Brian Toney

5. Manuscript Title
Conversion of glenohumeral fusion to reverse total shoulder arthroplasty

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Dr. Barnes has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Matthew</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Thompson</td>
</tr>
<tr>
<td>3. Date</td>
<td>08-February-2016</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes [X] No</td>
</tr>
<tr>
<td>Corresponding Author's Name</td>
<td>Clarence Brian Toney</td>
</tr>
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<td>5. Manuscript Title</td>
<td>Conversion of glenohumeral fusion to reverse total shoulder arthroplasty</td>
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Are there any relevant conflicts of interest? | Yes [ ] No [X] |

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Section 1. Identifying Information

1. Given Name (First Name)  Clarence
2. Surname (Last Name)  Toney
3. Date  08-February-2016
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Conversion of glenohumeral fusion to reverse total shoulder arthroplasty

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