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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3. **Relevant financial activities outside the submitted work.**

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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.**

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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)  
   Jonathan

2. Surname (Last Name)  
   Levy

3. Date  
   15-December-2017

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

   Corresponding Author’s Name  
   Jacob Triplet

5. Manuscript Title  
   Use of a Total Shoulder Arthroplasty in a Patient with Minimally Painful Severe Glenohumeral Arthritis and a Progressive Plexopathy

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.**

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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>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Levy is a paid consultant for DJO Orthopaedics and Globus Medical. He receives royalties from DJO Orthopaedics and Innomed

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jennifer
2. Surname (Last Name)  Kurowicki
3. Date  26-February-2017
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Jacob Triplet
5. Manuscript Title
   Use of a Total Shoulder Arthroplasty in a Patient with Minimally Painful Severe Glenohumeral Arthritis and a Progressive Plexopathy
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Dr. Kurowicki has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Samuel

2. Surname (Last Name)  
   Rosas

3. Date  
   26-February-2017

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

   Corresponding Author’s Name
   Jacob Triplet

5. Manuscript Title
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<th>1. Given Name (First Name)</th>
<th>Jacob</th>
</tr>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Triplet</td>
</tr>
<tr>
<td>3. Date</td>
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