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.

5. Relationships not covered above.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Kyle</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Adams</td>
</tr>
<tr>
<td>3. Date</td>
<td>22-May-2017</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Tokish</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Subscapularis repair is unnecessary after lateraled reverse shoulder arthroplasty</td>
</tr>
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<td>6. Manuscript Identifying Number (if you know it)</td>
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## Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Adams has nothing to disclose.

Evaluation and Feedback
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<tbody>
<tr>
<td>Charles</td>
<td>Granade</td>
<td>07-December-2017</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name: Tokish

5. Manuscript Title  
   Subscapularis repair is unnecessary after lateralized reverse shoulder arthroplasty

6. Manuscript Identifying Number (if you know it)

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

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Dr. Granade has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)          2. Surname (Last Name)          3. Date
James                                    Griscom                                22-May-2017

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

Corresponding Author’s Name
Tokish

5. Manuscript Title
Subscapularis repair is unnecessary after lateralized reverse shoulder arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Griscom has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Richard

2. Surname (Last Name)
   Hawkins

3. Date
   22-May-2017

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

   Corresponding Author’s Name
   Tokish

5. Manuscript Title
   Subscapularis repair is unnecessary after lateralized reverse shoulder arthroplasty

6. Manuscript Identifying Number (if you know it)

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   ☐ No

If yes, please fill out the appropriate information below.

<table>
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<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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<td>Arthrex, Inc</td>
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Dr. Hawkins reports personal fees from Arthrex, Inc, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Quinn
2. Surname (Last Name) Hunt
3. Date 07-December-2017
4. Are you the corresponding author? [ ] Yes [x] No
Corresponding Author’s Name Tokish
5. Manuscript Title Subscapularis repair is unnecessary after lateralized reverse shoulder arthroplasty
6. Manuscript Identifying Number (if you know it) JBJSOA-D-17-00056

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Dr. Hunt has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent
## Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Kissenberth

3. Date  
   22-May-2017

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

5. Manuscript Title  
   Subscapularis repair is unnecessary after lateralized reverse 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 ☑

## 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.

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<th>Name of Entity</th>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kissenberth reports personal fees from Arthrex, Inc, 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)  Adam  
2. Surname (Last Name)  Kwapisz  
3. Date  22-May-2017  
4. Are you the corresponding author?  ✔ No  
   Corresponding Author’s Name  Tokish  
5. Manuscript Title  Subscapularis repair is unnecessary after lateralized reverse shoulder arthroplasty
6. Manuscript Identifying Number (if you know it)  

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

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Dr. Kwapisz has nothing to disclose.

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<tr>
<td>Keith</td>
<td>Lonergan</td>
<td>22-May-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? **No**

5. Manuscript Title
   Subscapularis repair is unnecessary after lateralized reverse shoulder arthroplasty

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Dr. Lonergan has nothing to disclose.

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1. Given Name (First Name)  
   Amit  
2. Surname (Last Name)  
   Momaya  
3. Date  
   22-May-2017  
4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author’s Name  
   Tokish  
5. Manuscript Title  
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Dr. Momaya has nothing to disclose.

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<tr>
<td>2. Surname (Last Name)</td>
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4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Tokish

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Dr. Roberson has nothing to disclose.

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3. **Intellectual Property.**
   - This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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

**Pending:** The patent has been filed but not issued

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**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)  Ellen
2. Surname (Last Name)  Shanley
3. Date  22-May-2017
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  
   Subscapularis repair is unnecessary after lateralized reverse 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

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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Shanley has nothing to disclose.

Evaluation and Feedback

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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.
   - **The work under consideration for publication.**
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Tokish

3. Date  
22-May-2017

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

5. Manuscript Title
Subscapularis repair is unnecessary after lateralized reverse 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

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☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

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Dr. Tokish reports personal fees from Arthrex, Inc, personal fees from DePuy, personal fees from Mitek, outside the submitted work; .

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<tr>
<td>Stefan</td>
<td>Tolan</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

- Yes

5. Manuscript Title

Subscapularis repair is unnecessary after lateralized reverse shoulder arthroplasty

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? [ ] Yes [ ] No

- Yes

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Dr. Tolan reports personal fees from Stryker, outside the submitted work.

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