ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
2. The work under consideration for publication.
   - This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.
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<tr>
<td>Anthony</td>
<td>Romeo</td>
<td>07-April-2017</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
   Does Prior Shoulder Surgery Negatively Impact Shoulder Arthroplasty Outcomes?

6. Manuscript Identifying Number (if you know it)

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Dr. Romeo 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)  
   Brian

2. Surname (Last Name)  
   Cole

3. Date  
   07-April-2017

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Rachel Frank

5. Manuscript Title  
   Does Prior Shoulder Surgery Negatively Impact Shoulder Arthroplasty Outcomes?

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Cole has nothing to disclose.

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<tr>
<td>Gregory</td>
<td>Nicholson</td>
<td>07-April-2017</td>
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4. Are you the corresponding author?  
☐ Yes  ☑ No  

<table>
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<tr>
<td>Rachel Frank</td>
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5. Manuscript Title  
Does Prior Shoulder Surgery Negatively Impact Shoulder Arthroplasty Outcomes?

6. Manuscript Identifying Number (if you know it)

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Dr. Nicholson has nothing to disclose.

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<td>Griffin</td>
</tr>
<tr>
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</tr>
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<td>Rachel Frank</td>
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   Nikhil

2. Surname (Last Name)  
   Verma

3. Date  
   07-April-2017

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   ✔ No

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   Does Prior Shoulder Surgery Negatively Impact Shoulder Arthroplasty Outcomes?

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
   Simon

2. Surname (Last Name)  
   Lee

3. Date  
   07-April-2017

4. Are you the corresponding author?  
   Yes  ☒  No

   Corresponding Author’s Name  
   Rachel Frank

5. Manuscript Title  
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Shelby

2. Surname (Last Name)  
Sumner

3. Date  
07-April-2017

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[ ] Yes  ✔ No

Corresponding Author’s Name  
Rachel Frank

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   Timothy
2. Surname (Last Name)  
   Leroux
3. Date  
   07-April-2017
4. Are you the corresponding author?  
   ✔ No  
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