

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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) Anthony	2. Surname (Last Name) Romeo	3. Date 07-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Dr. Romeo has nothing to disclose.

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rachel Frank
5. Manuscript Title Does Prior Shoulder Surgery Negatively Impact Shoulder Arthroplasty Outcomes?		
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Are there any relevant conflicts of interest? Yes No

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Dr. Cole has nothing to disclose.

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1. Given Name (First Name) Gregory	2. Surname (Last Name) Nicholson	3. Date 07-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rachel Frank
5. Manuscript Title Does Prior Shoulder Surgery Negatively Impact Shoulder Arthroplasty Outcomes?		
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Dr. Nicholson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Justin	2. Surname (Last Name) Griffin	3. Date 07-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rachel Frank
5. Manuscript Title Does Prior Shoulder Surgery Negatively Impact Shoulder Arthroplasty Outcomes?		
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Rachel

2. Surname (Last Name)
Frank

3. Date
07-April-2017

4. Are you the corresponding author? Yes 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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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 1. Identifying Information

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
Does Prior Shoulder Surgery Negatively Impact Shoulder Arthroplasty Outcomes?

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Shelby

2. Surname (Last Name)
Sumner

3. Date
07-April-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Rachel Frank

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

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Section 1. Identifying Information

1. Given Name (First Name)
Timothy

2. Surname (Last Name)
Leroux

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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