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.

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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)  Asheesh
2. Surname (Last Name)  Bedi
3. Date  27-December-2016
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title
   Tranexamic Acid in Shoulder Arthroplasty: A Systematic Review and Meta-analysis
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  ✔ Yes  No

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<th>Name of Entity</th>
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<td>Stock/stock options</td>
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</tbody>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ✔ Yes  No

Bedi
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Dr. Bedi reports personal fees from Arthrex Inc., other from A3Surgical, 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)  
Mohit

2. Surname (Last Name)  
Bhandari

3. Date  
02-January-2017

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

5. Manuscript Title  
Tranexamic Acid in Shoulder Arthroplasty: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
Yes ☐  No ☑

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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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<tr>
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Dr. Bhandari reports personal fees from Smith & Nephew, Stryker, Amgen, Zimmer, Moximed, Bioventus, Merck, Eli Lilly, Sanofi, Ferring, Conmed, grants from Smith & Nephew, DePuy, Eli Lily, Bioventus, Stryker, Zimmer, Amgen, outside the submitted work;.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Moin

2. Surname (Last Name)  
Khan

3. Date  
20-December-2016

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Jacob M Kirsch

5. Manuscript Title  
Tranexamic Acid in Shoulder Arthroplasty: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)  

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Dr. Khan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jacob
2. Surname (Last Name)  Kirsch
3. Date  20-December-2016
4. Are you the corresponding author?  Yes ☑ No 
5. Manuscript Title  Tranexamic Acid in Shoulder Arthroplasty: A Systematic Review and Meta-analysis
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<tr>
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<td>Koueiter</td>
<td>20-December-2016</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

5. Manuscript Title  
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   - No  
   ✔ No

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   - Yes  
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Dr. Koueiter 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)  
Bruce

2. Surname (Last Name)  
Miller

3. Date  
09-January-2017

4. Are you the corresponding author?  
Yes ☑ No

Corresponding Author’s Name
Jacob M Kirsch

5. Manuscript Title  
Tranexamic Acid in Shoulder Arthroplasty: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)

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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.)?

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Yes ☑ No

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Yes ☑ No

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Dr. Miller has nothing to disclose.

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Horner
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Nolan

2. **Surname (Last Name)**
   - Horner

3. **Date**
   - 20-December-2016

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

5. **Manuscript Title**
   - Tranexamic Acid in Shoulder Arthroplasty: A Systematic Review and Meta-analysis

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 [x]

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Are there any relevant conflicts of interest?

- Yes [ ]
- No [x]

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

- Yes [ ]
- No [x]
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Dr. Horner has nothing to disclose.

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<tbody>
<tr>
<td>Leo</td>
<td>Pauzenberger</td>
<td>24-December-2016</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author's Name  
Jacob M Kirsch

5. Manuscript Title  
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Dr. Pauzenberger has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - J. Michael

2. **Surname (Last Name)**
   - Wiater

3. **Date**
   - 20-December-2016

4. **Are you the corresponding author?**
   - ☑ Yes

5. **Manuscript Title**
   - Tranexamic Acid in Shoulder Arthroplasty: A Systematic Review and Meta-analysis

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If yes, please fill out the appropriate information below.

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Dr. Wiater reports personal fees from Zimmer-Biomet, personal fees from DePuy-Synthes, outside the submitted work.

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