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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ben
2. Surname (Last Name)  Grey
3. Date  07-October-2017
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Humeral stem loosening following reverse shoulder arthroplasty - systematic review and meta-analysis
6. Manuscript Identifying Number (if you know it)  REVIEWS-D-17-00129

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.)?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<td>DePuy</td>
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Dr. Grey reports grants from DePuy, grants from Smith and Nephew, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Stephen R

2. Surname (Last Name)  
   Roche

3. Date  
   08-October-2017

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

   Corresponding Author’s Name  
   Ben Grey

5. Manuscript Title  
   Humeral stem loosening following reverse shoulder arthroplasty – systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-17-00129

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Reitze

2. Surname (Last Name)  
Rodseth

3. Date  
09-October-2017

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

Corresponding Author’s Name  
B Grey

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Dr. Rodseth has nothing to disclose.

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