

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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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)
Edward

2. Surname (Last Name)
McFarland

3. Date
11-October-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Aseptic Glenoid Baseplate Loosening After Reverse Total 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

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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Dr. McFarland has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Uma

2. Surname (Last Name) Srikumaran

3. Date 10-October-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name Mcfarland

5. Manuscript Title Aseptic Glenoid Baseplate Loosening After Reverse Total Shoulder Arthroplasty: A systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it) _____

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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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Fx Shoulder USA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smith and Nephew	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conventus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stryker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wright Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tigon Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Arthrex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depuy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Heron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Srikumaran reports personal fees from Fx Shoulder USA, grants and personal fees from Smith and Nephew, personal fees from Conventus, grants from Stryker, grants from Wright Medical, other from Tigon Medical, grants from Arthrex, personal fees from DePuy, personal fees from Heron, outside the submitted work; .

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1. Given Name (First Name) KYUBO	2. Surname (Last Name) CHOI	3. Date 10-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edward G. McFarland
5. Manuscript Title Aseptic Glenoid Baseplate Loosening After Reverse Total Shoulder Arthroplasty: A Systematic Review and Meta-analysis		
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Dr. CHOI has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jacob	2. Surname (Last Name) Joseph	3. Date 11-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edward G. McFarland
5. Manuscript Title Aseptic Glenoid Baseplate Loosening After Reverse Total Shoulder Arthroplasty: A Systematic Review and Meta-analysis		
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1. Given Name (First Name) Jorge	2. Surname (Last Name) Rojas	3. Date 11-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edward G. McFarland
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