

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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) Sabrina	2. Surname (Last Name) CATANZARO	3. Date 15-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian GERBER
5. Manuscript Title Long-term results of reverse total shoulder arthroplasty for massive irreparable rotator cuff tears in patients younger than 60 years		
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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. CATANZARO 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)  
Lukas

2. Surname (Last Name)  
ERNSTBRUNNER

3. Date  
15-January-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Christian GERBER

5. Manuscript Title  
Long-term results of reverse total shoulder arthroplasty for massive irreparable rotator cuff tears in patients younger than 60 years

6. Manuscript Identifying Number (if you know it)

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Dr. ERNSTBRUNNER 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)  
Christian
2. Surname (Last Name)  
GERBER
3. Date  
16-January-2017
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  
Long-term results of reverse total shoulder arthroplasty for massive irreparable rotator cuff tears in patients younger than 60 years
6. Manuscript Identifying Number (if you know it)

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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
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implant designer
Storz	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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

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Dr. Gerber reports personal fees from Zimmer, personal fees from Storz, 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)

Stefan

2. Surname (Last Name)

RAHM

3. Date

15-January-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Christian GERBER

5. Manuscript Title

Long-term results of reverse total shoulder arthroplasty for massive irreparable rotator cuff tears in patients younger than 60 years

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1. Given Name (First Name) Aline	2. Surname (Last Name) SUTER	3. Date 15-January-2017
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