

## 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.

#### 1. Identifying information.

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

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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)  
Peter

2. Surname (Last Name)  
Cole

3. Date  
15-May-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Five to Ten Year Outcomes of Operatively Treated Scapula Fractures

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

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An institutional research grant was recieved.

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DepuySynthes, Stryker, AORF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to Institution for Research
COTA, AONA, OMeGA, OREF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to Institution for Education
Stryker, Zimmer, Acumed, DepuySynthes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to Institution for Education

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AO Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking Honoraria
BoneFoams, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ownership/Stock

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

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

### Section 5. Relationships not covered above

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Dr. Cole reports grants from Stryker, during the conduct of the study; grants from DepuySynthes, Stryker, AORF, grants from COTA, AONA, OMeGA, OREF, grants from Stryker, Zimmer, Acumed, DepuySynthes, personal fees from AO Foundation, other from BoneFoams, Inc, 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) Jeffrey      2. Surname (Last Name) Gilbertson      3. Date 15-May-2017

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Peter A Cole, MD

5. Manuscript Title  
Five to Ten Year Outcomes of Operatively Treated Scapula Fractures

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional Research Grant

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Lisa

2. Surname (Last Name)  
Schroder

3. Date  
15-May-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Peter A Cole

5. Manuscript Title  
Five to Ten Year Outcomes of Operatively Treated Scapula Fractures

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Joscelyn

2. Surname (Last Name)  
Tatro

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15-May-2017

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Corresponding Author's Name  
Peter A Cole

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