

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrew

2. Surname (Last Name) Jawa

3. Date 06-December-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Negative Patient-Experience Comments After Total Shoulder Arthroplasty

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

Section 3. Relevant financial activities outside the submitted work.

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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
DJO Global	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid speaker and consultant

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. Jawa reports personal fees from DJO Global, 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) Sarah	2. Surname (Last Name) Lawler	3. Date 10-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrew Jawa, MD
5. Manuscript Title Negative Patient Experience Comments after Total Shoulder Arthroplasty		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Sarah Lawler, her immediate family, and any research foundation with which she is affiliated did not receive any financial payments or other benefits from any commercial entity related to the subject of this article.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Mariano	2. Surname (Last Name) Menendez	3. Date 10-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrew Jawa, MD
5. Manuscript Title Negative Patient Experience Comments after Total Shoulder Arthroplasty		
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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Dr. Menendez has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Ring	3. Date 10-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrew Jawa, MD
5. Manuscript Title Negative Patient Experience Comments after Total Shoulder Arthroplasty		
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Dr. Ring has nothing to disclose.

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