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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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)  
Andrew

2. Surname (Last Name)  
Green

3. Date  
14-February-2019

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
Patient Reported Outcomes Measures and Health Related Quality of Life Scores of Patients Undergoing Anatomic Total Shoulder Arthroplasty

6. Manuscript Identifying Number (if you know it)  
JBJS-D-19-00017

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
✔ Yes  
No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
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<td>Deputy Editor</td>
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</tbody>
</table>

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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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Green reports other from Wright Medical, personal fees from DJO, personal fees from Journal of Bone and Joint Surgery, outside the submitted work.

Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sukrit

2. Surname (Last Name)  
Jain

3. Date  
16-February-2019

4. Are you the corresponding author?  
☑️ No

Corresponding Author's Name  
Andrew Green MD

5. Manuscript Title  
Patient Reported Outcomes Measures and Health Related Quality of Life Scores of Patients Undergoing Anatomic Total Shoulder Arthroplasty

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?  
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Mr. Jain has nothing to disclose.

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<tbody>
<tr>
<td>Steven</td>
<td>DeFroda</td>
<td>16-February-2019</td>
</tr>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name: Andrew Green

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. DeFroda has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Edward
2. Surname (Last Name) Paxton
3. Date 22-May-2019
4. Are you the corresponding author? Yes ☑ No

5. Manuscript Title
Patient Reported Outcomes Measures and Health Related Quality of Life Scores of Patients Undergoing Anatomic Total Shoulder Arthroplasty

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Dr. Paxton reports personal fees from Wright/Tornier, personal fees from Miami Device Solutions, grants from ASES, grants from Arthrex, grants from Smith and Nephew, outside the submitted work; .

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