

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.

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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)
DEBORAH

2. Surname (Last Name)
MACDONALD

3. Date
02-July-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
COMPLICATIONS AND LONG-TERM OUTCOMES AFTER OPEN REDUCTION AND PLATE FIXATION OF PROXIMAL HUMERAL FRACTURES

6. Manuscript Identifying Number (if you know it)
BJS-D-19-00595R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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DEBORAH MACDONALD 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)
Christopher

2. Surname (Last Name)
Robinson

3. Date
21-June-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
COMPLICATIONS AND LONG-TERM OUTCOMES AFTER OPEN REDUCTION AND PLATE FIXATION OF PROXIMAL HUMERAL FRACTURES

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00595

Section 2. The Work Under Consideration for Publication

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Dr. Robinson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Ewan

2. Surname (Last Name)

Goudie

3. Date

03-July-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

MIKE ROBINSON

5. Manuscript Title

COMPLICATIONS AND LONG-TERM OUTCOMES AFTER OPEN REDUCTION AND PLATE FIXATION OF PROXIMAL HUMERAL FRACTURES

6. Manuscript Identifying Number (if you know it)

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Dr. Goudie has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Stirling

3. Date
02-July-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
C. Mike Robinson

5. Manuscript Title
COMPLICATIONS AND LONG-TERM OUTCOMES AFTER OPEN REDUCTION AND PLATE FIXATION OF PROXIMAL HUMERAL FRACTURES

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)

Jason

2. Surname (Last Name)

Strelzow

3. Date

06-July-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Robinson

5. Manuscript Title

COMPLICATIONS AND LONG-TERM OUTCOMES AFTER OPEN REDUCTION AND PLATE FIXATION OF PROXIMAL HUMERAL FRACTURES

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