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.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Thomas
2. Surname (Last Name) Wright
3. Date 26-November-2019
4. Are you the corresponding author? ❑ Yes  ❑ No
   Corresponding Author’s Name
   Mandeep Singh Virk
5. Manuscript Title
   Clinical and Radiographic Outcomes with a Superiorly Augmented Glenoid For Favard E1, E2, and E3 Glenoids in Reverse Total Shoulder Arthroplasty
6. Manuscript Identifying Number (if you know it)
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Dr. Wright reports personal fees and other from Exactech Inc, outside the submitted work; In addition, Dr. Wright has a patent US Patent #: 8,870,962 issued, and a patent US Patent #: 9,233,003 issued.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Chris

2. Surname (Last Name)  
   Roche

3. Date  
   25-November-2019

4. Are you the corresponding author?  
   Yes  
   No

   Corresponding Author’s Name  
   Mandeep Singh Virk

5. Manuscript Title  
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   No

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Dr. Roche reports grants from Exactech Inc., during the conduct of the study; personal fees from Exactech Inc., outside the submitted work; In addition, Dr. Roche has a patent US Patent #: 8,870,962 issued, and a patent US Patent #: 9,233,003 issued.
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1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Zuckerman

3. Date  
   26-November-2019

4. Are you the corresponding author?  
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   Corresponding Author’s Name  
   Mandeep Singh Virk

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Mandeep

2. Surname (Last Name)  
Virk

3. Date  
25-November-2019

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No

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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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Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Pierre-Henri</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Flurin</td>
</tr>
<tr>
<td>3. Date</td>
<td>25-November-2019</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔</td>
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</table>

| Corresponding Author’s Name | Mandeep Singh Virk |

5. Manuscript Title
Clinical and Radiographic Outcomes with a Superiorly Augmented Glenoid For Favard E1, E2, and E3 Glenoids in Reverse Total Shoulder Arthroplasty

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00946R1

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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

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

If yes, please fill out the appropriate information below.

<table>
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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>Exactech</td>
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<td></td>
<td>✔</td>
<td>IP royalties and paid consultant</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ✔ Yes

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.
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<table>
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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):
- ✔ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Flurin reports personal fees and other from Exactech, outside the submitted work; In addition, Dr. Flurin has a patent US Patent #: 8,870,962 issued, and a patent US Patent #: 9,233,003 issued.

Evaluation and Feedback

Please visit [http://www.icmje.org/cgi-bin/feedback](http://www.icmje.org/cgi-bin/feedback) to provide feedback on your experience with completing this form.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sean
2. Surname (Last Name) Grey
3. Date 26-November-2019
4. Are you the corresponding author? ✔ No
   Corresponding Author’s Name Mandeep Singh Virk
5. Manuscript Title
   Clinical and Radiographic Outcomes with a Superiorly Augmented Glenoid For Favard E1, E2, and E3 Glenoids in Reverse Total Shoulder Arthroplasty
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00946R1

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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? ✔ No

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Are there any relevant conflicts of interest? ✔ Yes ☐ No

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Dr. Grey reports personal fees and other from Exactech Inc., outside the submitted work.

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1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Mai

3. Date  
   25-November-2019

4. Are you the corresponding author?  
   ☐ Yes  ☑ No

   Corresponding Author’s Name  
   Mandeep Singh Virk

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Dr. Mai has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Lindsey  

2. Surname (Last Name)  
   Liuzza  

3. Date  
   25-November-2019  

4. Are you the corresponding author?  
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   Mandeep Singh Virk  

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