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.
   
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MacDonald
Section 1. Identifying Information

1. Given Name (First Name) Deborah
2. Surname (Last Name) MacDonald
3. Date 26-May-2020
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
   OPEN REDUCTION AND LONG LOCKING PLATE FIXATION OF COMPLEX PROXIMAL HUMERAL METADIAPHYSEAL FRACTURES
6. Manuscript Identifying Number (if you know it)
   (JBJS-D-20-00372) - [EMID:a4d7bde009400adf]

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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 6. Disclosure Statement

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Ms. MacDonald has nothing to disclose.

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)  
   Christopher

2. Surname (Last Name)  
   Robinson

3. Date  
   26-May-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   OPEN REDUCTION AND LONG LOCKING PLATE FIXATION OF COMPLEX PROXIMAL HUMERAL METADIAPHYSEAL FRACTURES

6. Manuscript Identifying Number (if you know it)  
   (JBJS-D-20-00372) - [EMID:a4d7bde009400adf]

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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  
   26-May-2020  
4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author's Name  
   CM Robinson  
5. Manuscript Title  
   OPEN REDUCTION AND LONG LOCKING PLATE FIXATION OF COMPLEX PROXIMAL HUMERAL METADIAPHYSEAL FRACTURES  
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Dr. Goudie has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jason
2. Surname (Last Name)     Strelzow
3. Date                    26-May-2020
4. Are you the corresponding author?  Yes ☐  No ☑

Corresponding Author’s Name
Michael Robinson

5. Manuscript Title
OPEN REDUCTION AND LONG LOCKING PLATE FIXATION OF COMPLEX PROXIMAL HUMERAL METADIAPHYSEAL FRACTURES

6. Manuscript Identifying Number (if you know it)
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Dr. Strelzow 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  26-May-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  C Robinson
5. Manuscript Title
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Dr. Stirling has nothing to disclose.

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