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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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)  
   Peter

2. Surname (Last Name)  
   Lapner

3. Date  
   12-April-2020

4. Are you the corresponding author?  
   ✔ Yes   No

5. Manuscript Title  
   Total Shoulder Arthroplasty is More Cost Effective than Hemiarthroplasty: A Real-world Economic Evaluation

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?  
   ✔ 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.

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<tr>
<td>Wright Medical</td>
<td></td>
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<td></td>
<td></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?  
   ✔ No

Lapner
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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. Lapner reports personal fees from Wright Medical, outside the submitted work;

Evaluation and Feedback

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<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kednapa</td>
<td>Thavorn</td>
<td>14-April-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

5. Manuscript Title  
   Total Shoulder Arthroplasty is More Cost Effective than Hemiarthroplasty: A Real-world Economic Evaluation

6. Manuscript Identifying Number (if you know it)

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## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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## Section 3. Relevant financial activities outside the submitted work.

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   - No  
   ✔ No

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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  
   ✔ No

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Thavorn
Section 5. Relationships not covered above

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Dr. Thavorn has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)       2. Surname (Last Name)       3. Date
Srishti                        Kumar                        14-April-2020

4. Are you the corresponding author?  Yes   ✔ No

Corresponding Author’s Name
Dr. Peter Lapner

5. Manuscript Title
Total Shoulder Arthroplasty is More Cost Effective than Hemiarthroplasty: A Real-world Economic Evaluation

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Ms. Kumar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Sasha
2. Surname (Last Name)  van Katwyk
3. Date  14-April-2020
4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name  Dr. Peter Lapner
5. Manuscript Title
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