

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Susan

2. Surname (Last Name)
Bukata

3. Date
10-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ilya Voloshin, MD

5. Manuscript Title
Treatment of an Acromial Stress Fracture after Reverse Total Shoulder Arthroplasty with Teriparatide: A Case Report and Review of the Literature

6. Manuscript Identifying Number (if you know it)
CC-D-19-00221

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Dr. Bukata 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)

Jason

2. Surname (Last Name)

Lipof

3. Date

10-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ilya Voloshin, MD

5. Manuscript Title

Treatment of an Acromial Stress Fracture after Reverse Total Shoulder Arthroplasty with Teriparatide: A Case Report and Review of the Literature

6. Manuscript Identifying Number (if you know it)

CC-D-19-00221

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Dr. Lipof has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Richard

2. Surname (Last Name)
Southgate

3. Date
10-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ilya Voloshin, MD

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Southgate 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) Wakenda	2. Surname (Last Name) Tyler	3. Date 10-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ilya Voloshin, MD
5. Manuscript Title Treatment of an Acromial Stress Fracture after Reverse Total Shoulder Arthroplasty with Teriparatide: A Case Report and Review of the Literature		
6. Manuscript Identifying Number (if you know it) CC-D-19-00221		

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Ilya

2. Surname (Last Name)
Voloshin

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10-June-2019

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex, Zimmer Biomet, ArthroSurface, Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Innomed, Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties received

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Dr. Voloshin reports personal fees from Arthrex, Zimmer Biomet, ArthroSurface, Smith & Nephew, personal fees from Innomed, Smith & Nephew, outside the submitted work; .

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