

## 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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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Gregory	2. Surname (Last Name) Gasbarro	3. Date 28-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Lionel NEYTON
5. Manuscript Title Shoulder hemiarthroplasty after previous pectoralis major transfer for irreparable subscapularis tear: a case report		
6. Manuscript Identifying Number (if you know it)		

### 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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Are there any relevant conflicts of interest?  Yes  No

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Dr. Gasbarro 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) Jacob	2. Surname (Last Name) Kirsch	3. Date 28-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lionel Neyton
5. Manuscript Title Shoulder hemiarthroplasty after previous pectoralis major transfer for irreparable subscapularis tear: a case report		
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Dr. Kirsch has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Lionel

2. Surname (Last Name) NEYTON

3. Date 28-August-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Shoulder hemiarthroplasty after previous pectoralis major transfer for irreparable subscapularis tear: a case report

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Tornier Wright	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting-Royalties
Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting

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Dr. NEYTON reports personal fees from Tornier Wright, personal fees from Arthrex, outside the submitted work; .

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1. Given Name (First Name) Julien	2. Surname (Last Name) Paclot	3. Date 28-August-2019
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5. Manuscript Title Shoulder hemiarthroplasty after previous pectoralis major transfer for irreparable subscapularis tear: a case report		
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