

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Mohit	2. Surname (Last Name) Gilotra	3. Date 13-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Syed Hasan
5. Manuscript Title Perioperative Considerations and Complications in Reverse Shoulder Arthroplasty: A Critical Analysis Review		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-17-00152R1		

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Are there any relevant conflicts of interest? Yes No

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Dr. Gilotra has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Syed
2. Surname (Last Name)
Hasan
3. Date
13-December-2017
4. Are you the corresponding author? Yes No
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Ralph	2. Surname (Last Name) Henn	3. Date 13-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Syed Hasan
5. Manuscript Title Perioperative Considerations and Complications in Reverse Shoulder Arthroplasty: A Critical Analysis Review		
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1. Given Name (First Name) Julio	2. Surname (Last Name) Jauregui	3. Date 13-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Syed Hasan
5. Manuscript Title Perioperative Considerations and Complications in Reverse Shoulder Arthroplasty: A Critical Analysis Review		
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Dr. Jauregui has nothing to disclose.

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1. Given Name (First Name) William	2. Surname (Last Name) Shield	3. Date 13-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Syed Hasan
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)

Vidushan

2. Surname (Last Name)

Nadarajah

3. Date

13-December-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Syed Hasan

5. Manuscript Title

Perioperative Considerations and Complications in Reverse Shoulder Arthroplasty: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

REVIEWS-D-17-00152R1

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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.)?

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Mr. Nadarajah has nothing to disclose.

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