

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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Other: Anything not covered under the previous three boxes

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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)

Guillaume

2. Surname (Last Name)

Bacle

3. Date

11-February-2016

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Long term outcomes of reverse total shoulder arthroplasty: a concise follow-up at a minimum of ten years of a previous report

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? ☐ Yes ☒ 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**.

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
Tornier Company	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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 5. Relationships not covered above

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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. Bacle reports non-financial support from Tornier Company, outside the submitted work; .

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) Gilles	2. Surname (Last Name) Walch	3. Date 03-February-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Guillaume Bacle
5. Manuscript Title Long-Term Outcomes of Reverse Total Shoulder Arthroplasty: A Concise Follow-up, at a Minimum of Ten Years, of a Previous Report		
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? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

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Tornier Company	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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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Involvement in initial biomechanical development of Aequalis reversed prosthesis design.

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Dr. Walch reports personal fees and non-financial support from Tornier Company, outside the submitted work; and Involvement in initial biomechanical development of Aequalis reversed prosthesis design.

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Section 1. Identifying Information

1. Given Name (First Name)

Laurent

2. Surname (Last Name)

Nové-Josserand

3. Date

09-February-2016

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Guillaume Bacle

5. Manuscript Title

Long-Term Outcomes of Reverse Total Shoulder Arthroplasty: A Concise Follow-up, at a Minimum of Ten Years, of a Previous Report

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☐

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Dr. Nové-Josserand has nothing to disclose.

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1. Given Name (First Name)

Pascal

2. Surname (Last Name)

Garaud

3. Date

13-February-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Guillaume Bacle

5. Manuscript Title

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Dr. Garaud has nothing to disclose.

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