

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.

Identifying information.

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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

Cofield MD 1



Section 1. Identifying Inform		
Identifying Inform	nation	
1. Given Name (First Name) Robert H.	2. Surname (Last Name) Cofield MD	3. Date 02-February-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Bassem T. Elhassan MD
5. Manuscript Title Outcomes and Complications in Should	der Arthroplasty as a Funct	ion of Body Mass Index
6. Manuscript Identifying Number (if you kr	now it)	
Section 2. The Work Under C	onsideration for Public	ation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descr	ibed in the instructions. Us	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Are there any relevant conflicts of interest		
If yes, please fill out the appropriate info	ormation below.	
Name of Entity	Grant? Personal Nor	on-Financial Other? Comments
Smith Nephew, DJO	□ ✓	Royalties
Section 4. Intellectual Proper	rty Patents & Copyric	ıhts
Do you have any patents, whether plan If yes, please fill out the appropriate info Excess rows can be removed by pressin	ormation below. If you hav	oadly relevant to the work? Yes No No e more than one entity press the "ADD" button to add a row.

Cofield MD 2



Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
mith Nephew		✓				Royalties for shoulder arthroplasty	
Section 5. Relationshi	ps not cove	ered abo	ove				
Are there other relationships or potentially influencing, what yo				eive to have	influenced, or tha	at give the appearance of	
Yes, the following relationships/conditions/circumstances are present (explain below):							
✓ No other relationships/conditions/circumstances that present a potential conflict of interest							
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Section 6. Disclosure S	tatement						
Based on the above disclosures, below.	this form wi	ll automa	atically gene	erate a disclo	sure statement, v	which will appear in the box	
Dr. Cofield reports personal fees patent Smith Nephew issued.	s from Smith	Nephew	, DJO, outsi	ide the subm	nitted work; In ad	ldition, Dr. Cofield has a	

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Cofield MD 3



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Wagner 1



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1. Given Name (Fir Eric R.	rst Name)	2. Surname (Last Name) Wagner	3. Date 02-February-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Bassem T. Elhassan MD
5. Manuscript Title Increasing Body		ed with Worse Outcomes <i>F</i>	After Shoulder Arthroplasty
6. Manuscript Ider	ntifying Number (if you kr	now it)	
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Do you have any	•		roadly relevant to the work? Yes V No

Wagner 2



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Dr. Wagner has nothing to disclose.

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Schleck 1



Section 1.	lentifying Inform	ation		
1. Given Name (First N Cathy	lame)	2. Surname (Last Name) Schleck	3. Date 02-Februa	ry-2015
4. Are you the corresp	oonding author?	Yes ✓ No	Corresponding Author's Name Bassem T. Elhassan MD	
5. Manuscript Title Increasing Body Mas	ss Index Is Associate	d with Worse Outcomes A	fter Shoulder Arthroplasty	
6. Manuscript Identify	ring Number (if you kno	ow it)		
			-	
Section 2. Th	ne Work Under Co	nsideration for Public	ation	
	nitted work (including)?	but not limited to grants, da	a third party (government, commercial, pri ta monitoring board, study design, manuso	
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of compensation) wi	ith entities as descril box. You should rep	oed in the instructions. Us ort relationships that wer	ether you have financial relationships (e one line for each entity; add as many e present during the 36 months prio	lines as you need by
Section 4.	tellectual Propert	ty Patents & Copyrig	hts	
			oadly relevant to the work? Yes	✓ No

Schleck 2



Section 5.				
Section 5.	Relationships not covered above			
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?			
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):			
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Ms. Schleck has	nothing to disclose.			

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patent

Sanchez-Sotelo 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Sanchez-Sotelo	3. Date 21-October-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Bassem Elhassan, MD
5. Manuscript Title Increasing Body		ed with Worse Outcomes A	After Shoulder Arthroplasty
6. Manuscript Ider	ntifying Number (if you kr	now it)	
			-
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Sanchez-Sotelo 2



Section 5. Relationships not covered above
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Dr. Sanchez-Sotelo has nothing to disclose.

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Sanchez-Sotelo 3



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Houdek 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fir Matthew	rst Name)	2. Surname (Last Name) Houdek	3. Date 28-October-2015			
4. Are you the corr	responding author?	Yes ✓ No	Corresponding Author's Name Bassem Elhassan, MD			
5. Manuscript Title Increasing Body		ed with Worse Outcomes A	after Shoulder Arthroplasty			
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Do you have any			oadly relevant to the work? Yes V No			

Houdek 2



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Elhassan 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fi Bassem T.	rst Name)	2. Surname (Last Name) Elhassan	3. Date 02-February-2015
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Increasing Body		d with Worse Outcomes After Shoulder Arthro	oplasty
6. Manuscript Idei	ntifying Number (if you kr	ow it)	
Section 2.	The Work Under Co	onsideration for Publication	
any aspect of the s statistical analysis,	stitution at any time recei ubmitted work (including	ve payment or services from a third party (governm but not limited to grants, data monitoring board, s	
Section 3.	Relevant financial	activities outside the submitted work.	
of compensation clicking the "Add	the appropriate boxes i) with entities as descri	n the table to indicate whether you have finan bed in the instructions. Use one line for each e bort relationships that were present during th	entity; add as many lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copyrights	
Do you have are			o work? Vos V No
טט you nave any	patents, whether plan	ned, pending or issued, broadly relevant to the	e work? ☐ Yes ✓ No

Elhassan 2



Section 5. Relationships not covered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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. Elhassan has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Cofield 1



Section 1. Identifying Infor	mation			
1. Given Name (First Name) William S	2. Surname (Last Name) Harmsen	3. Date 02-February-2015		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Bassem T. Elhassan MD		
5. Manuscript Title Increasing Body Mass Index Is Associa	ated with Worse Outcomes A	After Shoulder Arthroplasty		
6. Manuscript Identifying Number (if you	know it)			
Section 2. The Work Under	Consideration for Public	cation		
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 Vo				
Section 3. Relevant financia	al activities outside the	submitted work.		
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Section 4. Intellectual Prop	erty Patents & Copyri	ghts		
Do you have any patents, whether pla	nned, pending or issued, br	roadly relevant to the work? Yes V No		

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Section 5.	Delationshing not covered above			
	Relationships not covered above			
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Licensed: The patent has been licensed to an entity, whether

earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent

Sperling 1



Section 1. Identifying In	formation			
1. Given Name (First Name) John W.	2. Surname (Last Name) Sperling	3. Date 22-January-2017		
4. Are you the corresponding author?		Corresponding Author's Name Bassem Elhassan, MD		
5. Manuscript Title Increasing Body Mass Index Is Ass	ociated with Worse Outcomes Afte	er Shoulder Arthroplasty		
6. Manuscript Identifying Number (if	ou know it)			
Section 2. The Work Und	er Consideration for Publicat	ion		
	uding but not limited to grants, data	hird party (government, commercial, private foundation, etc.) for monitoring board, study design, manuscript preparation,		
Section 3. Relevant finar	ncial activities outside the sul	omitted 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 Non-F	inancial Other? Comments		
Biomet		Consulting		
Section 4. Intellectual Pr	operty Patents & Copyrigh	ts		
Do you have any patents, whether	planned, pending or issued, broa	dly relevant to the work? ☐ Yes ✓ No		

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Section 6. Disclosure Statement
Disclosure statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Sperling reports other from Biomet, outside the submitted work.

Evaluation and Feedback

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