

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)

MARGARET

2. Surname (Last Name)

SMITH

3. Date

02-September-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

TRAVIS FALCONER

5. Manuscript Title

CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY

6. Manuscript Identifying Number (if you know it)

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Dr. SMITH 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)
Travis

2. Surname (Last Name)
Falconer

3. Date
03-September-2015

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY

6. Manuscript Identifying Number (if you know it)

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Dr. Falconer 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) Allan	2. Surname (Last Name) Young	3. Date 02-September-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr Travis Falconer
5. Manuscript Title CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY		
6. Manuscript Identifying Number (if you know it) 		

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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
Rotation Medical Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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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Dr. Young reports personal fees from Rotation Medical Inc, outside the submitted work; .

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1. Given Name (First Name) Benjamin	2. Surname (Last Name) Cass	3. Date 02-September-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Travis Falconer
5. Manuscript Title CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY		
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Dr. Hudson 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)

Lisa

2. Surname (Last Name)

Kruse

3. Date

03-September-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Travis Falconer

5. Manuscript Title

CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY

6. Manuscript Identifying Number (if you know it)

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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

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kruse 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)
MOHAMMED

2. Surname (Last Name)
BABA

3. Date
02-September-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
TRAVIS FALCONER

5. Manuscript Title
CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY

6. Manuscript Identifying Number (if you know it)

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

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Fellowship funding from Tornier

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Dr. BABA reports fellowship funding from Tornier.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Donaldson

3. Date
03-September-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Travis Falconer

5. Manuscript Title
CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY

6. Manuscript Identifying Number (if you know it)

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

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Dr. Donaldson 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)
Melanie

2. Surname (Last Name)
Figtree

3. Date
03-September-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Travis Falconer

5. Manuscript Title
CONTAMINATION OF THE SURGICAL FIELD WITH PROPIONIBACTERIUM ACNES IN PRIMARY SHOULDER ARTHROPLASTY

6. Manuscript Identifying Number (if you know it)

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

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Dr. Figtree 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)
Oscar

2. Surname (Last Name)
Dorrestijn

3. Date
03-September-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Travis Falconer

5. Manuscript Title
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Dr. Dorrestijn has nothing to disclose.

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