

## 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.

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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)

Aaron

2. Surname (Last Name)

Bois

3. Date

06-October-2014

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Humeral Head Arthroplasty and Meniscal Allograft Resurfacing of the Glenoid:  
A Concise Follow-up of a Previous Report and Survivorship Analysis\*

6. Manuscript Identifying Number (if you know it)

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Dr. Bois 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)

Jeremy

2. Surname (Last Name)

Somerson

3. Date

07-October-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Aaron Bois

5. Manuscript Title

Humeral Head Arthroplasty and Meniscal Allograft Resurfacing of the Glenoid: A Concise Follow-up of a Previous Report and Survivorship Analysis

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1. Given Name (First Name)  
Ian

2. Surname (Last Name)  
Whitney

3. Date  
07-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Aaron Bois

5. Manuscript Title  
Humeral Head Arthroplasty and Meniscal Allograft Resurfacing of the Glenoid: A Concise Follow-up of a Previous Report and Survivorship Analysis\*

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### Section 1. Identifying Information

1. Given Name (First Name) michael	2. Surname (Last Name) wirth	3. Date 08-October-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name aaron bois
5. Manuscript Title Humeral head arthroplasty and meniscal allograft resurfacing of the glenoid: a concise follow-up of a previous report and survivorship analysis		
6. Manuscript Identifying Number (if you know it)  		

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
depuv	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
tornier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
arthrex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
saunders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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