

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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3. Relevant financial activities outside the submitted work.

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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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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

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

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Section 1. Identifying Information

1. Given Name (First Name) Grant	2. Surname (Last Name) Garrigues	3. Date 28-February-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name William R. Mook
5. Manuscript Title The incidence of Propionibacterium acnes in open shoulder surgery: A controlled diagnostic study		
6. Manuscript Identifying Number (if you know it) JBJS-D-14-00784		

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Piedmont Orthopaedic Research Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$5,000 Research Grant
AAOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reimbursement to present these results to the AAOS at the Musculoskeletal Infection Symposium in Rosemont

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
AO-Synthes-DePuy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant fees

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Zimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
Tornier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant fees

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 6. Disclosure Statement

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Dr. Garrigues reports grants from Piedmont Orthopaedic Research Foundation, other from AAOS, during the conduct of the study; other from AO-Synthes-DePuy, other from AO-Synthes-DePuy, other from Zimmer, other from Tornier, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Cynthia	2. Surname (Last Name) Green	3. Date 07-July-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name William R. Mook
5. Manuscript Title Propionibacterium acnes in open shoulder surgery: False positive, commensal organism, or pathogen?		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Green has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kevin

2. Surname (Last Name)
Hazen

3. Date
07-July-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
William R. Mook, M.D.

5. Manuscript Title

Propionibacterium acnes in open shoulder surgery: false positive, commensal organism, or pathogen

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mitchell

2. Surname (Last Name)
Klement

3. Date
04-July-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

5. Manuscript Title

Propionibacterium acnes in open shoulder surgery: False positive, commensal organism, or pathogen?

6. Manuscript Identifying Number (if you know it)

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Dr. Klement has nothing to disclose.

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1. Given Name (First Name) William	2. Surname (Last Name) Mook	3. Date 28-February-2015
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title The incidence of Propionibacterium acnes in open shoulder surgery: A controlled diagnostic study		
6. Manuscript Identifying Number (if you know it) JBJS-D-14-00784		

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