

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.

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

Rodriguez 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Rodriguez		3. Date 13-April-2014
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Aut	
5. Manuscript Title Three Dimension		ating Improves Glenoid I	mplant Positioning	
6. Manuscript Ider	ntifying Number (if you kn	now it)		
Section 2.	The Work Under Co	onsideration for Publ	ication	
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants, onest? Yes No prmation below. If you ha	lata monitoring board,	mment, commercial, private foundation, etc.) for , study design, manuscript preparation, ntity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant'	on-Financial Other	Comments
Ohio Biomedical Rese	earch Grant	V		
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add Are there any rel) with entities as descri	bed in the instructions. Uport relations that we	Jse one line for each	ancial relationships (regardless of amount entity; add as many lines as you need by the 36 months prior to publication .
Section 4.	Intellectual Proper	ty Patents & Copyr	ights	
Do you have any	patents, whether plan	ned, pending or issued, k	proadly relevant to th	he work? ☐ Yes ✓ No

Rodriguez 2



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Section 6. Disclosure Statement
Disclosure Statement
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Dr. Rodriguez reports grants from Ohio Biomedical Research Grant, during the conduct of the study; .

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Rodriguez 3



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Jun 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fir Bong Jae	rst Name)	2. Surname (Last Name) Jun	3. Date 14-April-2014			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Joseph P. Iannotti			
5. Manuscript Title Three Dimension		ating Improves Glenoid Im	plant Positioning			
6. Manuscript Ider	ntifying Number (if you kr	now it)				
Section 2.	The Work Under Co	onsideration for Public	ation			
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						
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Do you have any			oadly relevant to the work? Yes V No			

Jun 2



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Dr. Jun has nothin	ng to disclose.					

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Jun 3



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Weiner 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Scott	rst Name)	2. Surname (Last Name) Weiner		3. Date 13-April-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Au Joseph lannotti	thor's Name
5. Manuscript Title Three Dimension		ating Improves Glenoid I	mplant Positioning	
6. Manuscript Ider	ntifying Number (if you kn	now it)		
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Name of Institut	ion/Company	Grant'	on-Financial Support?	comments
State of Ohio Third Fr	ontier Program	V		
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Do you have any	patents, whether plan	ned, pending or issued, b	oroadly relevant to the	he work? ☐ Yes ✓ No

Weiner 2



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Dr. Weiner reports grants from State of Ohio Third Frontier Program, during the conduct of the study.

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Patterson 1



Section 1.	ldentifying Inform	nation		
1. Given Name (Fi Thomas	rst Name)	2. Surname (Last Name) Patterson		3. Date 14-April-2014
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Auth Joseph P. lannotti	or's Name
5. Manuscript Title Three Dimension		ating Improves Glenoid Ir	mplant Positioning	
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Excess rows can	be removed by pressin			
Name of Institut	ion/Company	Grant'	on-Financial Other?	Comments
State of Ohio Third Fi	ontier Program	✓		
Continu 2				
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Patterson 2



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Ricchetti 1



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1. Given Name (Fii Eric	rst Name)	2. Surname (Last Name) Ricchetti	3. Date 13-April-2014			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Joseph P. Iannotti, MD, PhD			
5. Manuscript Title Three Dimension		ating Improves Glenoid Im	iplant Positioning			
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Ricchetti 2



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Dr. Ricchetti has nothing to disclose.

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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

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



Section 1. Identifying Inf		
Identifying Inf	ormation	
1. Given Name (First Name) Joseph	2. Surname (Last Name) lannotti	3. Date 13-April-2014
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Three Dimensional Imaging and Te	mplating Improves Glenoid Implant Posi	tioning
6. Manuscript Identifying Number (if yo	ou know it)	
Section 2. The Work Under	er Consideration for Publication	
	iding but not limited to grants, data monitorii	y (government, commercial, private foundation, etc.) for ng board, study design, manuscript preparation,
•	information below. If you have more that	nn one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Non-Financia Fees? Support?	Other? Comments
Ohio Biomedical and Research Grant (Thir Frontier)	d 🗸 🗆	
Section 3. Relevant finance	cial activities outside the submitted	l work.
of compensation) with entities as d	escribed in the instructions. Use one line d report relationships that were present	nave financial relationships (regardless of amount for each entity; add as many lines as you need by during the 36 months prior to publication.
Section 4. Intellectual Pro	perty Patents & Copyrights	
Do you have any patents, whether	planned, pending or issued, broadly releventing information below. If you have more that	rant to the work? Yes No an one entity press the "ADD" button to add a row.



Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
- SYSTEM OF PREOPERATIVE PLANNING AND PROVISION OF PATIENT-SPECIFIC SURGICAL AIDS o 13/463,075 o 3 May 2012							
- APPARATUS AND METHOD FOR DICTATING AT LEAST ONE OF A DESIRED LOCATION AND A DESIRED TRAJECTORY FOR ASSOCIATION OF A LANDMARK WITH A PATIENT TISSUE o 13/733,346 o 3 January 2013	✓						

Section 5.	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?				
	wing relationships/conditions/circumstances are present (explain below): tionships/conditions/circumstances that present a potential conflict of interest			
I chair the scient	ific advisory board for Custom Orthopaedic Solutions			

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. lannotti reports grants from Ohio Biomedical and Research Grant (Third Frontier), during the conduct of the study; In addition, Dr. lannotti has a patent - SYSTEM OF PREOPERATIVE PLANNING AND PROVISION OF PATIENT-SPECIFIC SURGICAL AIDS

o 13/463,075

o 3 May 2012

- APPARATUS AND METHOD FOR DICTATING AT LEAST ONE OF A DESIRED LOCATION AND A DESIRED TRAJECTORY FOR ASSOCIATION OF A LANDMARK WITH A PATIENT TISSUE

o 13/733,346

o 3 January 2013

pending and I chair the scientific advisory board for Custom Orthopaedic Solutions.

Evaluation and Feedback

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



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.

Relationships not covered above.

Use this section to report 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.

Definitions.

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

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

Subhas 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Naveen	2. Surname (Last Name) Subhas		3. Date 14-April-2014		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author	or's Name		
5. Manuscript Title Three Dimensional Imaging and Templating Improves Glenoid Implant Positioning					
6. Manuscript Identifying Number (if you kr	now it)				
		_			
Section 2. The Work Under Co	onsideration for Public	cation			
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,		
Section 3. Relevant financial	activities outside the s	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 Nor	n-Financial other?	Comments		
Siemens Healthcare Solutions			Research support for CT metal artifact reduction techniques		
Section 4. Intellectual Proper	rty Patents & Copyric	ghts			
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? Yes V No		

Subhas 2



Section 5.				
Section 5.	Relationships not covered above			
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, 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				
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rals 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. Subhas report	ts other from Siemens Healthcare Solutions, outside the submitted work.			

Evaluation and Feedback

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Subhas 3