

Instructions

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



| Section 1. Identifying Inform | | | |
|---|--------------------------------|-------------------------|---|
| Identifying Inform | nation | | |
| 1. Given Name (First Name) Jianhua | 2. Surname (Last Name) Wang | | 3. Date 30-October-2015 |
| 4. Are you the corresponding author? | ✓ Yes No | | |
| 5. Manuscript Title Distinct Geometric Characteristics of Ch | ninese Proximal Humeri a | nd the Clinical Releva | nce |
| 6. Manuscript Identifying Number (if you kr | now it) | | |
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| Section 2. The Work Under Co | onsideration for Publi | ication | |
| any aspect of the submitted work (including statistical analysis, etc.)? | but not limited to grants, d | | nent, commercial, private foundation, etc.) for tudy design, manuscript preparation, |
| Are there any relevant conflicts of interesting the appropriate infe | | vo moro than one on | tity proce the "ADD" button to add a row |
| Excess rows can be removed by pressin | | ve more than one en | tity press the "ADD" button to add a row. |
| Name of Institution/Company | Grant | on-Financial Support | Comments |
| National Natural Science Foundation of China | ✓ | | Funding (81171706) |
| Shanghai Municipal Natural Science Foundation | V | | Funding (11ZR1427400) |
| | | | |
| Section 3. Relevant financial | activities outside the | submitted work. | |
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| Are there any relevant conflicts of interest | est? | | |
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| Section 4. Intellectual Proper | rty Patents & Copyri | ghts | |
| Do you have any patents, whether plan | | - | e work? ☐ Yes 🗸 No |



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| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Wang has nothing to disclose. |

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patent

Liu 1



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|---|-------------------------------|---|--|
| 1. Given Name (First Name) Cailong | 2. Surname (Last Name) Liu | 3. Date 30-October-2015 | |
| 4. Are you the corresponding author? | ☐ Yes 🗸 No | Corresponding Author's Name Jianhua Wang | |
| 5. Manuscript Title Distinct Geometric Characteristics of Cl | hinese Proximal Humeri an | d the Clinical Relevance | |
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Liu 2



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Li 1



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|---|------------------------------|---|--|
| 1. Given Name (First Name) Guoan | 2. Surname (Last Name) Li | 3. Date 30-October-2015 | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Jianhua Wang | |
| 5. Manuscript Title Distinct Geometric Characteristics of C | hinese Proximal Humeri an | d the Clinical Relevance | |
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| Do you have any patents, whether plar | nned, pending or issued, br | oadly relevant to the work? Yes V No | |

Li 2



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Koh 1



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|---|-------------------------------|---|--|
| Given Name (First Name) Jason L. | 2. Surname (Last Name) Koh | 3. Date 30-October-2015 | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Jianhua Wang | |
| 5. Manuscript Title Distinct Geometric Characteristics of Cl | ninese Proximal Humeri an | d the Clinical Relevance | |
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Koh 2



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Ravella 1



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|---|----------------------------|-----------------------------------|---|--|
| 1. Given Name (Fii Krishna C. | rst Name) | 2. Surname (Last Name) Ravella | 3. Date 30-October-2015 | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Jianhua Wang | |
| 5. Manuscript Title Distinct Geomet | | ninese Proximal Humeri an | d the Clinical Relevance | |
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Ravella 2



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

Shi 1



| Section 1. Identifying Inform | nation | | |
|---|-------------------------------|---|--|
| Given Name (First Name) Lewis L. | 2. Surname (Last Name) Shi | 3. Date 30-October-2015 | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Jianhua Wang | |
| 5. Manuscript Title Distinct Geometric Characteristics of Cl | hinese Proximal Humeri an | nd the Clinical Relevance | |
| 6. Manuscript Identifying Number (if you k | now it) | | |
| | | | |
| Section 2. The Work Under C | onsideration 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 No | | | |
| The there dry relevant commets of mice. | es [] tes [] tes | | |
| 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 Vo | | | |
| | | | |
| Section 4. Intellectual Prope | rty Patents & Copyrig | ghts | |
| Do you have any patents, whether plan | ned, pending or issued, br | roadly relevant to the work? Yes V No | |

Shi 2



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Shi 3



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".

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Zhang 1



| Section 1. | Identifying Inform | ation | | | | |
|---|---------------------------|---------------------------------|---|--|--|--|
| Given Name (First Name) Qiang | | 2. Surname (Last Name) Zhang | 3. Date 30-October-2015 | | | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Jianhua Wang | | | |
| 5. Manuscript Title Distinct Geometric Characteristics of Ch | | inese Proximal Humeri ar | nd the Clinical Relevance | | | |
| 6. Manuscript Iden | tifying Number (if you kn | ow it) | | | | |
| | | | | | | |
| Section 2. | The Work Under Co | onsideration for Publi | 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 Ves | | | | | | |
| Section 3. | Relevant financial | activities outside the | submitted work. | | | |
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| Section 4. | Intellectual Proper | ty Patents & Copyri | ghts | | | |
| | | | roadly relevant to the work? Yes V No | | | |

Zhang 2



| Section 5. | | | | | |
|---|---|--|--|--|--|
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| 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? | | | | | |
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| Section 6. | Pisclosure Statement | | | | |
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| I report no conflict | s of interest | | | | |

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Zhang 3



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



| Section 1. | lentifying Informa | ation | | | | | |
|---|-------------------------|--------------------------------|---|----------------------------|--|--|--|
| 1. Given Name (First Name) Shaobai | | 2. Surname (Last Name) Wang | | 3. Date 30-October-2015 | | | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Na Jianhua Wang | me | | | |
| 5. Manuscript Title Distinct Geometric Characteristics of Ch | | nese Proximal Humer | and the Clinical Relevance | | | | |
| 6. Manuscript Identify | ring Number (if you kno | ow it) | | | | | |
| | | | | | | | |
| 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 | | | | | | | |
| Section 3. Re | elevant financial a | ctivities outside th | e submitted work. | | | | |
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| Section 4. | tellectual Propert | ty Patents & Copy | yrights | | | | |
| | | | , broadly relevant to the work? | ? ☐ Yes ✓ No | | | |



| Section 5. Relationships not sovered 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 | | | | | |
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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. | | | | | |
| I report no conflicts of interest | | | | | |

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