

Instructions

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lannotti 1



Section 1.	Identifying Infor	mation			
1. Given Name (Fi Joseph	rst Name)	2. Surname (Last Name Iannotti	2)	3. Date 05-October-2017	
4. Are you the corresponding author? Yes No					
5. Manuscript Title Clinical and Radiographic Outcomes of a Posteriorly Augmented Glenoid Component in Anatomic Total Shoulder linical and Radiographic Outcomes of a Posteriorly Augmented Glenoid Component in Anatomic Total Shoulder Arthroplasty for 6. Manuscript Identifying Number (if you know it)					
Section 2.	The Work Under 0	Consideration for Pul	blication		
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Section 3.	Relevant financia	l activities outside th	e submitted work.		
of compensation clicking the "Ado Are there any rel	n) with entities as desc	ribed in the instructions eport relationships that vertext?	. Use one line for each e were present during th	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.	
Name of Entity		Grant? Personal Fees?	Non-Financial Other?	Comments	
DJO Orthopaedics					
DePuy Synthes					
Wright Tornier					
Arthrex					

lannotti 2



Section 4. Intellectual	Property Patent	ts & Copyrights			
Do you have any patents, wheth If yes, please fill out the approp Excess rows can be removed by	riate information belo	ow. If you have more th		Yes No the "ADD" button to add	a row.
Patent?	Pending? Issued?	Licensed Royalties	Licensee?	Comments	
Stepped Augmented Glenoid					
Section 5. Balatianahi					
Relationshi	ps not covered ab	ove			
Are there other relationships or potentially influencing, what yo		•	e influenced, or tha	at give the appearance of	
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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Based on the above disclosures, below.	, this form will autom	atically generate a discl	osure statement, v	vhich will appear in the bo	эх
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Evaluation and Feedback

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lannotti 3



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Entezari 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Vahid	rst Name)	2. Surname (Last Name) Entezari	3. Date 01-October-2017	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Joseph P. lannotti	
5. Manuscript Title Clinical and Radiographic Outcomes of a Posteriorly Augmented Glenoid Component in Anatomic Total Shoulder Arthroplasty for Primary Osteoarthritis with Posterior Glenoid Bone Loss				
	ntifying Number (if you kr			
			-	
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Do you have any			oadly relevant to the work? ☐ Yes ✓ No	

Entezari 2



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Dr. Entezari has nothing to disclose.

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Ho 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Jason	rst Name)	2. Surname (Last Name) Ho	3. Date 26-September-2017	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Joseph P. Iannotti MD, PhD	
5. Manuscript Title Clinical and Radiographic Outcomes of a Posterior Arthroplasty for Primary Osteoarthritis with Poster				
	ntifying Number (if you kr			
Section 2.	The Work Under Co	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				
Section 3.	Relevant financial	activities outside the s	submitted work.	
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		ty Patents & Copyric		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

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Section 5.					
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Yes, the follo	wing relationships/conditions/circumstances are present (explain below):				
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.				
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Dr. Ho has nothi	ng to disclose.				

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Jun 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fi Bong Jae	rst Name)	2. Surname (Last Name) Jun	3. Date 10-October-2017
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Joseph P. Iannotti MD, PhD
	ographic Outcomes of	a Posteriorly Augmented (with Posterior Glenoid Bor	Glenoid Component in Anatomic Total Shoulder e Loss
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Jun 2



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Jun 3



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Alolabi 1



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Alolabi 2



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Amini 1



Section 1. Identifying Inforn	nation					
 Given Name (First Name) Michael 	Surname (Last Name)Amini	3. Date 25-September-2017				
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4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name				
		Joseph lannotti				
Manuscript Title Clinical and Radiographic Outcomes of	a Posteriorly Augmented	Glenoid Component in Anatomic Total Shoulder				
Arthroplasty for Primary Osteoarthritis 6. Manuscript Identifying Number (if you ki		ne Loss				
o. Manuscript Identifying Number (ii you ki	iow it)					
		_				
Section 2. The Work Under C	onsideration for Public	cation				
		a third party (government, commercial, private foundation, etc.) for				
any aspect of the submitted work (including statistical analysis, etc.)?	g but not limited to grants, da	ata monitoring board, study design, manuscript preparation,				
Are there any relevant conflicts of inter-	Are there any relevant conflicts of interest? Yes Vo					
Section 3. Relevant financial	activities outside the	submitted work.				
Place a check in the appropriate boxes	in the table to indicate wh	ether you have financial relationships (regardless of amount				
of compensation) with entities as descr	ibed in the instructions. Us	se one line for each entity; add as many lines as you need by				
Are there any relevant conflicts of inter	· ·	re present during the 36 months prior to publication.				
If yes, please fill out the appropriate inf						
Name of Entity	Grant? Personal No	n-Financial Other? Comments				
		upport?				
Applied Biologics	lacksquare					
Section 4. Intellectual Prope	rty Patents & Copyri	ghts				
Do you have any patents, whether plan	ned, pending or issued br	roadly relevant to the work? Yes V No				
= 1 / 3 a mare any parents, whether plan	, p = 3 51 1334 E47 51	100				

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Section 5. Polationships not severed 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):
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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. Amini reports personal fees from Applied Biologics, outside the submitted work; .

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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.

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Definitions.

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

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

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Section 1. Identifying Inform	nation	
identifying inform	lation	
1. Given Name (First Name) Eric T.	2. Surname (Last Name) Ricchetti	3. Date 05-October-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Joseph P. Iannotti MD, PhD
5. Manuscript TitleClinical and Radiographic Outcomes ofArthroplasty for Primary Osteoarthritis6. Manuscript Identifying Number (if you known to be a second of the control of the co	with Posterior Glenoid Bor	Glenoid Component in Anatomic Total Shoulder ne Loss
Section 2. The Work Under C		
The work onder Co	onsideration for Public	
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	est? Yes ✓ No	
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Are there any relevant conflicts of interest		
If yes, please fill out the appropriate info	ormation below.	
Name of Entity	Grant? Personal Nor	n-Financial other? Comments
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intellectual Propel	rty Patents & Copyrig	ints —
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

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Section 5.	
Section 5.	Relationships not covered above
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Dr. Ricchetti rep outside the subr	orts grants and personal fees from Depuy Synthes, personal fees from DJO Surgical, personal fees from JBJS, mitted work; .

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