

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Paul	2. Surname (Last Name) Milants	3. Date 06-July-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mufty Shevan
5. Manuscript Title Clavicle stress fracture after reverse shoulder arthroplasty		
6. Manuscript Identifying Number (if you know 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

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Milants 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)

Tom

2. Surname (Last Name)

Mulier

3. Date

06-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Mufty Shevan

5. Manuscript Title

Clavicle stress fracture after reverse shoulder arthroplasty

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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☒ No

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Dr. Mulier has nothing to disclose.

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1. Given Name (First Name)  
Peter

2. Surname (Last Name)  
Reynaert

3. Date  
06-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Mufty Shevan

5. Manuscript Title  
Clavicle stress fracture after reversed shoulder arthroplasty

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### Section 1. Identifying Information

1. Given Name (First Name)  
Shevan

2. Surname (Last Name)  
Mufty

3. Date  
16-February-2015

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
stress fracture of the clavicle following reversed shoulder arthroplasty

6. Manuscript Identifying Number (if you know it)

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