

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alexander

2. Surname (Last Name)
Vap

3. Date
09-May-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Glenoid Erosion Leading to Contact With Retained Metallic Suture Anchors: A Case Report of Bilateral Metallosis After Shoulder Hemiarthroplasty

6. Manuscript Identifying Number (if you know it)

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

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Dr. Vap has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Dimitri

2. Surname (Last Name)
Tahal

3. Date
09-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

5. Manuscript Title

Glenoid Erosion Leading to Contact With Retained Metallic Suture Anchors: A Case Report of Bilateral Metallosis After Shoulder Hemiarthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Tahal has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

J. Christoph

2. Surname (Last Name)

Katthagen

3. Date

09-May-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Glenoid Erosion Leading to Contact With Retained Metallic Suture Anchors: A Case Report of Bilateral Metallosis After Shoulder Hemiarthroplasty

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Section 1. Identifying Information

1. Given Name (First Name)

Justin

2. Surname (Last Name)

Mitchell

3. Date

09-May-2016

4. Are you the corresponding author?



Yes



No

5. Manuscript Title

Glenoid Erosion Leading to Contact With Retained Metallic Suture Anchors: A Case Report of Bilateral Metallosis After Shoulder Hemiarthroplasty

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?



Yes



No

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Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Millett	3. Date 20-July-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name		
5. Manuscript Title Glenoid Erosion Leading to Contact With Retained Metallic Suture Anchors: A Case Report of Bilateral Metallosis After Shoulder Hemiarthroplasty		
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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
Arthrex, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant, Royalties
Myos, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Springer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Game Ready	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock Options

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Dr. Millett reports other from Arthrex, Inc, other from Myos, Inc, other from Springer , other from Game Ready, outside the submitted work; .

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