ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Jonathan
2. Surname (Last Name): Levy
3. Date: 15-December-2017

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

Corresponding Author's Name: Jacob Triplet

5. Manuscript Title: Use of a Total Shoulder Arthroplasty in a Patient with Minimally Painful Severe Glenohumeral Arthritis and a Progressive Plexopathy

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

Section 3. Relevant financial activities outside the submitted work.

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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
DJO Orthopedics	☐	☐	☐	☐	Paid consultant, receives royalties
Innomed	☐	☐	☐	☐	Receives royalties
Globus Medical	☐	☐	☐	☐	Paid consultant

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

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Section 6. Disclosure Statement

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Dr. Levy is a paid consultant for DJO Orthopaedics and Globus Medical. He receives royalties from DJO Orthopaedics and Innomed

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Jennifer
2. Surname (Last Name): Kurowicki
3. Date: 26-February-2017

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

Corresponding Author's Name: Jacob Triplet

5. Manuscript Title: Use of a Total Shoulder Arthroplasty in a Patient with Minimally Painful Severe Glenohumeral Arthritis and a Progressive Plexopathy

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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Dr. Kurowicki has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Samuel
2. Surname (Last Name): Rosas
3. Date: 26-February-2017

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

Corresponding Author's Name: Jacob Triplet

5. Manuscript Title: Use of a Total Shoulder Arthroplasty in a Patient with Minimally Painful Severe Glenohumeral Arthritis and a Progressive Plexopathy

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Dr. Rosas has nothing to disclose.

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1. Given Name (First Name): Jacob
2. Surname (Last Name): Triplet
3. Date: 26-February-2017

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