

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.

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

Lu 1



Section 1.	Identifying Inform	nation			
Given Name (First Name) Yining		2. Surname (Last Name) Lu	3. Date 16-June-2020		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Dr. Miguel Ramirez MD		
5. Manuscript Title Catastrophic Failure of Reverse Shoulder Arthroplasty from Broker		er Arthroplasty from Broke	en Screw: A Case Report		
6. Manuscript Iden	tifying Number (if you kr	now it)			
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 Ves					
Section 3.	Relevant financial	activities outside the s	submitted work.		
of compensation) clicking the "Add) with entities as descri	bed in the instructions. Use port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.		
Section 4.	Intellectual Proper	ty Patents & Copyric	ghts		
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No		

Lu 2



Section 5. Polationships not sovered shove				
Relationships not covered above				
Are there other relationships or activities that readers coupotentially influencing, what you wrote in the submitted	ld perceive to have influenced, or that give the appearance of work?			
Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other relationships/conditions/circumstances that	present a potential conflict of interest			
At the time of manuscript acceptance, journals will ask au On occasion, journals may ask authors to disclose further	thors to confirm and, if necessary, update their disclosure statements. information about reported relationships.			
Section 6. Disclosure Statement				
Based on the above disclosures, this form will automatical below.	ly generate a disclosure statement, which will appear in the box			
Dr. Lu has nothing to disclose.				

Evaluation and Feedback

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Schaver 1



Section 1.	Identifying Inform	nation	
Given Name (First Name) Andrew		2. Surname (Last Name) Schaver	3. Date 03-June-2020
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Dr. Miguel Ramirez
5. Manuscript Title "Catastrophic Failure of Reverse Shoulder Arthroplasty from Broke		ler Arthroplasty from Brok	ken Screw: A Case Report"
6. Manuscript Ider	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Publi	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Uport relations hips that we	nether you have financial relationships (regardless of amount lse one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication .
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts
Do you have any	•		roadly relevant to the work? Yes V No

Schaver 2



Section 5. Relationships not severed above
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Sortion 6
Section 6. Disclosure Statement
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Mr. Schaver has nothing to disclose.

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administrative support, etc.



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Miguel	rst Name)	2. Surname (Last Nan Ramirez	ne)		3. Date 20-March-2020	
4. Are you the corresponding author?		✓ Yes No				
5. Manuscript Title Catastrophic Fail	e ure of Reverse Shoulde	r Arthroplasty from B	roken Screw: A C	ase Report		
6. Manuscript Identifying Number (if you know it)						
Section 2.	The Work Under Co	onsideration for Po	ublication			
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	but not limited to gran	ts, data monitoring		commercial, private foundation, et design, manuscript preparation,	c.) for
Section 3.	Relevant financial	activities outside t	the submitted	work.		
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Name of Entity		Grant? Personal Fees?	Non-Financial Support?	Other? C	omments	
Stryker				V .	dical Education consultant yker	
Section 4.	Intellectual Proper	ty Patents & Cop	oyrights			
Do you have any	patents, whether plani	ned, pending or issue	d, broadly releva	nt to the wo	rk? Yes 🗸 No	

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Dr. Ramirez reports other from Stryker, outside the submitted work; .			

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