ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name): Elizabeth
2. Surname (Last Name): Polfer
3. Date: 31-July-2018

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

Corresponding Author's Name: Kyle E Nappo, MD

5. Manuscript Title: Global Excision of Severe Heterotopic Ossification of the Shoulder

6. Manuscript Identifying Number (if you know it): CC-S-18-00079

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

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Dr. Polfer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Jeffrey
2. Surname (Last Name): Giuliani
3. Date: 31-July-2018

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

Corresponding Author's Name: Kyle E Nappo, MD

5. Manuscript Title: Global Excision of Severe Heterotopic Ossification of the Shoulder

6. Manuscript Identifying Number (if you know it): CC-S-18-00079

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. Giuliani has nothing to disclose.

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1. Given Name (First Name): Kyle
2. Surname (Last Name): Nappo
3. Date: 31-July-2018

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title: Global Excision of Severe Heterotopic Ossification of the Shoulder

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2. Surname (Last Name): Nesti
3. Date: 31-July-2018

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