

#### **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.

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# 4. Intellectual Property.

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# Relationships not covered above.

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

Wagle 1



Section 1. Identifying Inform	nation		
Given Name (First Name)  Tone	2. Surname (Last Name) Wagle		3. Date 12-December-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth Aleksander Nilssko	
<ol><li>Manuscript Title Reverse shoulder arthroplasty superior the elderly. A multicenter RCT.</li></ol>	at two years compared wi	th plate fixation for d	isplaced proximal humeral fractures in
6. Manuscript Identifying Number (if you k JBJS-D-19-01071R1	now it)		
Section 2. The Work Under C	onsideration for Public	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da est?  Yes  No ormation below. If you hav	ta monitoring board, st	ent, commercial, private foundation, etc.) for cudy design, manuscript preparation, ity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Noi	n-Financial other?	Comments
Sophies Minde Ortopedi AS	<b>✓</b>		20 % wages as research physiotherapist
Section 3. Relevant financial	activities outside the s	submitted work.	
	in the table to indicate wh ibed in the instructions. Us port relationships that wer	ether you have finan se one line for each e	
Section 4. Intellectual Prope	rty Patents & Copyrig	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? ☐ Yes ✓ No

Wagle 2



Section 5. Relationships not severed above
Relationships not covered above
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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 authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Sophies Minde Ortopedi AS is a part of Oslo University Hospital. They payed 20% wages during the project period 2014-2017.

## **Evaluation and Feedback**

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Fraser 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Alexander Nilssk	rst Name)	2. Surname (Last Na Fraser	me)		3. Date 11-December-2019
4. Are you the cor	responding author?	✓ Yes No			
			2 years for displa	iced proxim	nal humeral fractures in the elderly. A
6. Manuscript Ider JBJS-D-19-01071	ntifying Number (if you kr R1	now it)			
Section 2.	The Work Under Co	onsideration for P	ublication		
	ubmitted work (including				nt, commercial, private foundation, etc.) for dy design, manuscript preparation,
•	evant conflicts of intere		No		TARREST CONTRACTOR OF THE CONT
	but the appropriate into be removed by pressin	•	u nave more thai	n one entity 	y press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments
Sophies Minde Ortop	edi AS/OUS	<b>✓</b>			Grant for general research in collaboration with Oslo University Hospital.
Section 3.	Relevant financial	activities outside	the submitted	work.	
of compensation	) with entities as descri	bed in the instructio	ns. Use one line f	or each ent	al relationships (regardless of amount city; add as many lines as you need by <b>36 months prior to publication</b> .
Are there any rel	evant conflicts of intere	est? Yes	No		
	ı				
Section 4.	Intellectual Proper	ty Patents & Co	pyrights		
Do you have any	patents, whether plan	ned, pending or issu	ed, broadly releva	ant to the w	vork? Yes V

Fraser 2



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Relationships not covered above
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Dr. Fraser reports grants from Sophies Minde Ortopedi AS/OUS, during the conduct of the study; .

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Karlberg 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Anna	rst Name)	2. Surname (Last Name) Karlberg	3. Date 31-May-1967
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Alexander Nilsskog Fraser
•			r to ORIF with plate for displaced proximal humeral
	ntifying Number (if you kr		
			-
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	submitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work
of compensation clicking the "Add	the appropriate boxes i n) with entities as descri	n the table to indicate who bed in the instructions. Us 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 e present during the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyrig	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?

Karlberg 2



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	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
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Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Karlberg has r	nothing to disclose.

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Apold 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Hilde	rst Name)	2. Surname (Last Name) Apold	3. Date 02-September-2019		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Alexander Nilsskog Fraser		
fractures in the e		ст.	or to ORIF with plate for displaced proximal humeral		
Section 2.	Section 2. The Work Under Consideration for Publication				
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Apold 2



Section 5.				
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Dr. Apold has no	othing to disclose.			

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Larsen 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fii Leif Børge	rst Name)	2. Surname (Last Name) Larsen	3. Date 03-September-2019
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Alexander Nilsskog Fraser
fractures in the e		CT.	or to ORIF with plate for displaced proximal humeral
Section 2.	The Work Under Co	onsideration for Public	cation
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Do you have any	•		oadly relevant to the work? Yes V No

Larsen 2



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Dr. Larsen has nothing to disclose.

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

Eilertsen 1



Section 1. Identifying Inform	nation	
Given Name (First Name)  Lars	2. Surname (Last Name) Eilertsen	3. Date 09-January-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Alexander Nilsskog Fraser
fractures in the elderly. A multicenter R 6. Manuscript Identifying Number (if you k	RCT.	or to ORIF with plate for displaced proximal humeral
Section 2. The Work Under C	onsideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter	ribed in the instructions. Us 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 Prope	rty Patents & Copyric	ghts
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No

Eilertsen 2



Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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Bjørdal 1



Section 1.	Identifying Inform	nation	
1. Given Name (First Name) 2. Surn.		2. Surname (Last Name) Bjørdal	3. Date 01-September-2019
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Alexander Nilsskog Fraser
5. Manuscript Title Operative treatment with reverse shoulder arthroplasty is superior to ORIF fractures in the elderly. A multicenter RCT.		r to ORIF with plate for displaced proximal humeral	
6. Manuscript Ider	ntifying Number (if you kr	now it)	
			-
Section 2.	The Work Under Co	onsideration for Public	ation
Did you or your institution <b>at any time</b> 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  Volume  Yes			
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation	) with entities as descri	ibed in the instructions. Us	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Are there any rel	evant conflicts of intere	est? Yes ✓ No	
	L		
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts
Do you have any	patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? Yes V No

Bjørdal 2



Section 5.	Deletionships not severed shove			
	Relationships not covered above			
	Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?			
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):			
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement			
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Bjørdal has n	nothing to disclose.			

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Bjørdal 3



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Lien 1



Section 1. Identifying Inforn	nation	
1. Given Name (First Name) Odd Arve	2. Surname (Last Name) Lien	3. Date 02-September-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Alexander Nilsskog Fraser
<ul><li>5. Manuscript Title</li><li>Operative treatment with reverse shoulder arthroplasty is superior fractures in the elderly. A multicenter RCT.</li><li>6. Manuscript Identifying Number (if you know it)</li></ul>		or to ORIF with plate for displaced proximal humeral
Section 2. The Work Under C	onsideration for Public	cation
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Section 4. Intellectual Prope	rty Patents & Copyrig	jhts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Lien 2



Section 5.	ationships not covered above
Ke	ationships not covered above
	nships or activities that readers could perceive to have influenced, or that give the appearance of g, what you wrote in the submitted work?
Yes, the following	relationships/conditions/circumstances are present (explain below):
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Section 6. Dis	closure Statement
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below.	sclosures, this form will automatically generate a disclosure statement, which will appear in the box
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Mader 1



Section 1. Identifying Inform	nation			
Given Name (First Name)     Z. Surname (Last Name)     Mader			3. Date 30-September-2019	
4. Are you the corresponding author?			Corresponding Author's Name Alexander Nilsskog Fraser	
5. Manuscript Title Reverse shoulder arthroplasty superior the elderly. A multicenter RCT.	at two years compared wi	th plate fixation for displace	ed proximal humeral fractures in	
6. Manuscript Identifying Number (if you kr JBJS-D-19-01071R1	now it)			
Section 2. The Work Under Co	onsideration for Public	cation		
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da			
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	ibed in the instructions. Us port relationships that wer	se one line for each entity; a	dd as many lines as you need by	
Section 4. Intellectual Proper	rty Patents & Copyric	ghts		
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes 🗸 No	

Mader 2



Section 5. Relationships not sovered above
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Madsen 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi	Given Name (First Name)     2. Surname (Last Name)		3. Date 03-September-2019	
4. Are you the cor	Are you the corresponding author? Yes V		Corresponding Author's Name Alexander Nilsskog Fraser	
fractures in the e		CT.	r to ORIF with plate for displaced proximal humeral	
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	stitution <b>at any time</b> recei ubmitted work (including	ve payment or services from but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
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Do you have any				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V				

Madsen 2



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Fjalestad 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) 2. Surname (Last Name) Tore Fjalestad			3. Date 02-September-2019
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Nam Alexander Nilsskog Fraser	
<ul><li>5. Manuscript Title</li><li>Operative treatment with reverse shoul fractures in the elderly. A multicenter R</li><li>6. Manuscript Identifying Number (if you known to be a few should be a few should</li></ul>	CT.	or to ORIF with plate for displ	laced proximal humeral
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Section 4. Intellectual Proper	rty Patents & Copyric	ghts	
Do you have any patents, whether plan			☐ Yes ✓ No

Fjalestad 2



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Section 6. Disclosure Statement
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Dr. Fjalestad has nothing to disclose.

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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