**ICMJE DISCLOSURE FORM**

**Date:_____2/17/21_____**
**Your Name:___Daniel Lorenzana_____**
**Manuscript Title:_____** *Comparison of Simulated Low Dose Computed Tomography to Conventional Dose Computed Tomography for the Preoperative Planning in Shoulder Arthroplasty* **____**
**Manuscript number (if known):_____ JBJS-D-20-01916R1_____**

**In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.**

**The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.**

**The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.**

**In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.**

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | _x___None | |
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| **Time frame: past 36 months** | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __x__None | |
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| | | | |
| 3 | Royalties or licenses | __x__None | |
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| | | | |
| 4 | Consulting fees | __x__None | |
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|---|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __x__None | |
| | | | |
| | | | |
| 6 | Payment for expert testimony | __x__None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | _x___None | |
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| | | | |
| 8 | Patents planned, issued or pending | __x__None | |
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| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __x__None | |
| | | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __x__None | |
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| | | | |
| 11 | Stock or stock options | __x__None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _x___None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | __x__None | |
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**Please place an "X" next to the following statement to indicate your agreement:**

**__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

**ICMJE DISCLOSURE FORM**

**Date: February 17, 2021**_____
**Your Name: Oke Anakwenze**_____
**Manuscript Title:**____ *Comparison of Simulated Low Dose Computed Tomography to Conventional Dose Computed Tomography for the Preoperative Planning in Shoulder Arthroplasty* _____
**Manuscript number (if known): JBJS-D-20-01916R1**_____

**In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.**

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| **Time frame: past 36 months** | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__None | |
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| 3 | Royalties or licenses | __X__None | |
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| 4 | Consulting fees | __X__None | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__None | |
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| 6 | Payment for expert testimony | _X__None | |
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| 7 | Support for attending meetings and/or travel | ___X_None | |
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| 8 | Patents planned, issued or pending | __X__None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X___None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None | |
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| 11 | Stock or stock options | _X___None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X___None | |
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| 13 | Other financial or non-financial interests | __X__None | |
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**Please place an "X" next to the following statement to indicate your agreement:**

**_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

**ICMJE DISCLOSURE FORM**

**Date:_____February 17, 2021_____**
**Your Name:____Christopher Klifto _____**
**Manuscript Title:____** *Comparison of Simulated Low Dose Computed Tomography to Conventional Dose Computed Tomography for the Preoperative Planning in Shoulder Arthroplasty* **_____**
**Manuscript number (if known):_____ JBJS-D-20-01916R1_____**

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| **Time frame: past 36 months** | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____None | |
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| | | | |
| 3 | Royalties or licenses | ____None | |
| | | | |
| | | | |
| 4 | Consulting fees | Integra Life Sciences | |
| | | Smith and Nephew | |

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|---|---|---|---|
| | | Additive Orthopaedics | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____None | |
| | | | |
| | | | |
| 6 | Payment for expert testimony | ____None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ____None | |
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| 8 | Patents planned, issued or pending | ____None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ____None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ____None | |
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| | | | |
| 11 | Stock or stock options | ____None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____None | |
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| | | | |
| 13 | Other financial or non-financial interests | ____None | |
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**ICMJE DISCLOSURE FORM**

**Date:_____2/17/21_____**
**Your Name:___Ehsan Samei_____**
**Manuscript Title:_____** *Comparison of Simulated Low Dose Computed Tomography to Conventional Dose Computed Tomography for the Preoperative Planning in Shoulder Arthroplasty* **____**
**Manuscript number (if known):_____ JBJS-D-20-01916R1_____**

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| 3 | Royalties or licenses | __x__None | |
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| 4 | Consulting fees | __x__None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __x__None | |
| | | | |
| | | | |
| 6 | Payment for expert testimony | __x__None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | _x___None | |
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| 8 | Patents planned, issued or pending | __x__None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __x__None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __x__None | |
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| | | | |
| 11 | Stock or stock options | __x__None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _x___None | |
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| | | | |
| 13 | Other financial or non-financial interests | __x__None | |
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**ICMJE DISCLOSURE FORM**

**Date:_____February 17, 2021_____**
**Your Name:___Filip Jonkerouw___ _____**
**Manuscript Title:____** *Comparison of Simulated Low Dose Computed Tomography to Conventional Dose Computed Tomography for the Preoperative Planning in Shoulder Arthroplasty* **_____**
**Manuscript number (if known):_____ JBJS-D-20-01916R1_____**

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| 3 | Royalties or licenses | ____None | |
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| 4 | Consulting fees | ____None | |
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| | | | |
| | | | |
| 6 | Payment for expert testimony | ____None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ____None | |
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| 8 | Patents planned, issued or pending | ____None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ____None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ____None | |
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| | | | |
| 11 | Stock or stock options | ____None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____None | |
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| | | | |
| 13 | Other financial or non-financial interests | ____None | |
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## ICMJE DISCLOSURE FORM

**Date:_____February 17, 2021_____**
**Your Name:____Robert J. French Jr., MD_____**
**Manuscript Title:____** *Comparison of Simulated Low Dose Computed Tomography to Conventional Dose Computed Tomography for the Preoperative Planning in Shoulder Arthroplasty* **_____**
**Manuscript number (if known):_____ JBJS-D-20-01916R1_____**

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| | | | |
| 3 | Royalties or licenses | __X__None | |
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| 4 | Consulting fees | _X___None | |
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| 7 | Support for attending meetings and/or travel | __X__None | |
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| 8 | Patents planned, issued or pending | __X__None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X___None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None | |
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| | | | |
| 11 | Stock or stock options | _X___None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__None | |
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**ICMJE DISCLOSURE FORM**

**Date:_____February 17, 2021_____**
**Your Name:_**
**Tally E. Lassiter_____**
**Manuscript Title:____** *Comparison of Simulated Low Dose Computed Tomography to Conventional Dose Computed Tomography for the Preoperative Planning in Shoulder Arthroplasty* **_____**
**Manuscript number (if known):_____ JBJS-D-20-01916R1_____**

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| | | | |
| 7 | Support for attending meetings and/or travel | ____None | |
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| 8 | Patents planned, issued or pending | ____None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ____None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ____None | |
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| | | | |
| 11 | Stock or stock options | ____None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____None | |
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| | | | |
| 13 | Other financial or non-financial interests | ____None | |
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# ICMJE DISCLOSURE FORM

Date: 2/17/2021 February 17, 2021

Your Name: Erin McCann

Manuscript Title: *Comparison of Simulated Low Dose Computed Tomography to Conventional Dose Computed Tomography for the Preoperative Planning in Shoulder Arthroplasty*

Manuscript number (if known): JBJS-D-20-01916R1

**In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.**

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| **Time frame: past 36 months** | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| | | | |
|---|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |

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**ICMJE DISCLOSURE FORM**

**Date:_____February 17, 2021_____**
**Your Name:__Justin Solomon_____**
**Manuscript Title:____** *Comparison of Simulated Low Dose Computed Tomography to Conventional Dose Computed Tomography for the Preoperative Planning in Shoulder Arthroplasty* **_____**
**Manuscript number (if known):_____ JBJS-D-20-01916R1_____**

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|---|---|---|---|
| **Time frame: Since the initial planning of the work** | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ____None | |
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| | | | |
| **Time frame: past 36 months** | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____None | |
| | | | |
| | | | |
| 3 | Royalties or licenses | ____None | |
| | | | |
| | | | |
| 4 | Consulting fees | ____None | |
| | | | |

| | | | |
|---|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____None | |
| | | | |
| | | | |
| 6 | Payment for expert testimony | ____None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ____None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | ____None | |
| | | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ____None | |
| | | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ____None | |
| | | | |
| | | | |
| 11 | Stock or stock options | ____None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | ____None | |
| | | | |
| | | | |

**Please place an "X" next to the following statement to indicate your agreement:**

**__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.**