ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Austin

2. Surname (Last Name)  
   Heare

3. Date  
   06-April-2020

4. Are you the corresponding author?  
   ✔ Yes  ❏ No

5. Manuscript Title  
   Scapular Body Fractures – should we be fixing more of these?

6. Manuscript Identifying Number (if you know it)  
   AOJ-2019-MFAS-06(AOJ-20-46)

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Dr. Heare has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Stephen
2. Surname (Last Name)  Oleszkiewicz
3. Date  14-April-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Scapular Body Fractures – should we be fixing more of these?

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Oleszkiewicz has nothing to disclose.

Evaluation and Feedback

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Roberto

2. **Surname (Last Name)**
   - Hernandez-Irizarry

3. **Date**
   - 08-April-2020

4. **Are you the corresponding author?**
   - [ ] Yes  ✔ No

   **Corresponding Author’s Name**
   - Austin Heare

5. **Manuscript Title**
   - Scapular Body Fractures - should we be fixing more of these?

6. **Manuscript Identifying Number (if you know it)**
   - AOJ-2019-MFAS-06(AOJ-20-46)

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<thead>
<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter</td>
<td>Cole</td>
<td>06-April-2020</td>
</tr>
</tbody>
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4. Are you the corresponding author?  
[ ] Yes  [x] No  

<table>
<thead>
<tr>
<th>Corresponding Author’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin Heare, MD</td>
</tr>
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</table>

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If yes, please fill out the appropriate information below.

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<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<tr>
<td>BoneFoam</td>
<td>[ ]</td>
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<td>[ ]</td>
<td>[x]</td>
<td>Shareholder and Board of Directors</td>
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<tr>
<td>Exactech, Depuy-Synthes</td>
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<td>[ ]</td>
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