

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.

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".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Heare has nothing to disclose.

Evaluation and Feedback

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ICMJJE 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		

Section 2. The Work Under Consideration for Publication

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Dr. Oleszkiewicz has nothing to disclose.

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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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Dr. Hernandez-Irizarry has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) _____
Peter

2. Surname (Last Name) _____
Cole

3. Date _____
06-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name _____
Austin Heare, MD

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

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker, Depuy-Synthes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional Research Grant
KLS Martin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Institutional Research & Education support
AONA, COTA, OMeGA Depuy-Synthes, Stryker, Zimmer-Biomet, BoneFoam, Acumed, KLSMartin, Exactech	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional Education grants
BoneFoam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shareholder and Board of Directors
Exactech, Depuy-Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
AO International	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking Honoraria

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Dr. Cole reports grants from Stryker, grants from Sythes, grants from KLS Martin, grants from AONA, COTA, OMeGA Depuy-Synthes, Stryker, Zimmer-Biomet, BoneFoam, Acumed, KLSMartin, Exactech, other from BoneFoam, personal fees from Exactech, Depuy-Synthes, personal fees from AO International, outside the submitted work; .

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