Date:<u>2022.2.11</u> Your Name:<u>Shuaixian Tao</u> Manuscript Title:<u>Analysis of the clinical effect of the concept of "shoulder preservation" in the treatment of proximal humeral fractures: a retrospective study of 66 patients Manuscript number (if known):_____</u>

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 <u>current</u> <u>manuscript only</u>.

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		Time frame: past	36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:2022.2.11 Your Name:Qiang Wang Manuscript Title:<u>Analysis of the clinical effect of the concept of "shoulder preservation" in the treatment of proximal humeral fractures: a retrospective study of 66 patients Manuscript number (if known):_____</u>

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:<u>2022.2.11</u> Your Name:<u>Yuangong Shi</u> Manuscript Title:<u>Analysis of the clinical effect of the concept of "shoulder preservation" in the treatment of proximal humeral fractures: a retrospective study of 66 patients Manuscript number (if known):_____</u>

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:<u>2022.2.11</u> Your Name:<u>Rong Ren</u> Manuscript Title:<u>Analysis of the clinical effect of the concept of "shoulder preservation" in the treatment of proximal humeral fractures: a retrospective study of 66 patients Manuscript number (if known):_____</u>

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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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:2022.2.11 Your Name:<u>Baoming Tang</u> Manuscript Title:<u>Analysis of the clinical effect of the concept of "shoulder preservation" in the treatment of proximal humeral fractures: a retrospective study of 66 patients Manuscript number (if known):_____</u>

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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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:<u>2022.2.11</u> Your Name:<u>Zhonglin Lu</u> Manuscript Title:<u>Analysis of the clinical effect of the concept of "shoulder preservation" in the treatment of proximal humeral fractures: a retrospective study of 66 patients Manuscript number (if known):_____</u>

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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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date: 2022.2.11 Your Name: Zeqing Li Manuscript Title: <u>Analysis of the clinical effect of the concept of "shoulder preservation" in the treatment of proximal humeral fractures: a retrospective study of 66 patients</u> Manuscript number (if known):_____

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:<u>2022.2.11</u> Your Name:<u>Yuanhong La</u> Manuscript Title:<u>Analysis of the clinical effect of the concept of "shoulder preservation" in the treatment of proximal humeral fractures: a retrospective study of 66 patients Manuscript number (if known):_____</u>

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

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

Date: <u>2022.2.11</u>				
Your Name: <u>Dedong Weng</u>				
Manuscript Title: <u>Analysis of the clinical effect of the concept of "shoulder preservation" in the treatment of proxim</u>				
numeral fractures: a retrospective study of 66 patients				
Manuscript number (if known):				

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7	Support for attending	None	
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13	Other financial or non-	None	
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Date:<u>2022.2.11</u> Your Name:<u>Zhaowei Li</u> Manuscript Title:<u>Analysis of the clinical effect of the concept of "shoulder preservation" in the treatment of proximal humeral fractures: a retrospective study of 66 patients Manuscript number (if known):_____</u>

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