

Instructions

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| Section 1. Identifying Inform | ation | | |
|--|--|--|---------------------------------|
| 1. Given Name (First Name) Jose | 2. Surname (Last Name) Rodriguez | | 3. Date 19-November-2018 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Nar Eric Ricchetti | ne |
| 5. Manuscript Title Pre-operative planning for reverse shou | ılder replacement: The su | rgical benefits and their clini | ical translation |
| 6. Manuscript Identifying Number (if you kr AOJ-18-208 | iow it) | | |
| | | | |
| Section 2. The Work Under Co | onsideration for Publi | cation | |
| Did you or your institution at any time recein any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | but not limited to grants, da | | • |
| | | | |
| Section 3. Relevant financial | activities outside the | 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 | bed in the instructions. U port relationships that we | se one line for each entity; a | dd as many lines as you need by |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🖌 No



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Dr. Rodriguez has nothing to disclose.

Evaluation and Feedback



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| Section 1. | Identifying Infor | mation | | |
|--|-------------------------|----------------------------------|---|-----------------------|
| 1. Given Name (Fii Vahid | rst Name) | 2. Surname (Last Nam Entezari | | Date November-2018 |
| 4. Are you the cor | responding author? | Yes 🖌 No | Corresponding Author's Name Eric Ricchetti | |
| 5. Manuscript Title Pre-operative pla | | oulder replacement: The | surgical benefits and their clinical t | translation |
| 6. Manuscript Ider AOJ-18-208 | ntifying Number (if you | know it) | | |

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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.)?

🖌 No

| Are there any relevant conflicts of interest? | | Yes |
|---|--|-----|
|---|--|-----|

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | |
|----------------|--------------|-------------------|---------------------------|--------|----------|--|
| DJO Surgical | | \checkmark | | | | |
| OREF | \checkmark | | | | | |

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No



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Dr. Entezari reports personal fees from DJO Surgical, grants from OREF, outside the submitted work; .

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|---|------------------------------------|--|
| 1. Given Name (First Name) Joseph | 2. Surname (Last Name) lannotti | 3. Date 19-November-2018 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name Eric Ricchetti |
| 5. Manuscript Title Pre-operative planning for reverse sho | oulder replacement: The su | rgical benefits and their clinical translation |
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🖌 No

| Are there any relevant conflicts of interest? | Yes |
|---|-----|
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|------------------------------|--------|-------------------|---|--------------|----------|--|
| DJO Surgical | | \checkmark | | | | |
| Arthrex, Inc. | | \checkmark | | | | |
| Custom Orthopaedic Solutions | | | | \checkmark | | |
| Depuy Synthes | | \checkmark | | | | |
| Tornier | | \checkmark | | | | |
| Wolters Kluwer Health | | \checkmark | | | | |



Section 4. Intellectual Property -- Patents & Copyrights

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Dr. lannotti reports personal fees from DJO Surgical, personal fees from Arthrex, Inc., other from Custom Orthopaedic Solutions, personal fees from Depuy Synthes, personal fees from Tornier, personal fees from Wolters Kluwer Health, outside the submitted work; .

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| 1. Given Name (First Name) Eric | 2. Surname (Last Name) Ricchetti | 3. Date 19-November-2018 |
| 4. Are you the corresponding authors | or? 🖌 Yes 🗌 No | |
| 5. Manuscript Title Pre-operative planning for rever | se shoulder replacement: The surgical benefit | ts and their clinical translation |
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|--|--------|-------------------|---------------------------|--------|----------|--|
| Depuy Synthes | | \checkmark | | | | |
| DJO Surgical | | \checkmark | | | | |
| Journal of Bone and Joint Surgery - American | | \checkmark | | | | |

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