

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.

Identifying information.

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Intellectual Property.

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

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earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

Wojahn 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Robert	2. Surname (Last Name) Wojahn	3. Date 03-April-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Aaron M. Chamberlain
5. Manuscript Title Hospital Satisfaction Does Not Predict	Functional Outcome One \	ear after Total Shoulder Arthroplasty
6. Manuscript Identifying Number (if you k JHMHP-20-51	now it)	_
Section 2. The Work Under C	Consideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Section 4. Intellectual Prope	rty Patents & Copyrig	ahts
Do you have any patents, whether plan		

Wojahn 2



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Relationships not covered above
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Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Wojahn has nothing to disclose.

Evaluation and Feedback

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Wojahn 3



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Atencio 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Joan	2. Surname (Last Name) Atencio	3. Date 03-April-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Aaron Chamberlain
5. Manuscript Title Hospital Satisfaction Does Not Predict	Functional Outcome One \	ear after Total Shoulder Arthroplasty
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Atencio 2



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Sefko 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Julianne	2. Surname (Last Name) Sefko	3. Date 03-April-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Aaron Chamberlain
5. Manuscript Title Hospital Satisfaction Does Not Predict F	unctional Outcome One Y	ear after Total Shoulder Arthroplasty
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Sefko 2



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Galatz 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Leesa	2. Surname (Last Name) Galatz	3. Date 03-April-2020
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Aaron M. Chamberlain
5. Manuscript Title Hospital Satisfaction Does Not Predict I	Functional Outcome One Y	ear after Total Shoulder Arthroplasty
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Galatz 2



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Keener 1



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Identifying Inform	nation		
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Name of Entity	Grant? Personal Fees?	Non-Financial Other?	Comments
Arthrex			Consultant
Shoulder Innovations			Consultant
mascap			Consultant
Zimmer	✓		Research Grant
National Institute of Health	✓		Research Grant

Keener 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
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Dr. Keener reports personal fees from Arthrex, personal fees from Shoulder Innovations, personal fees from Imascap, grants from Zimmer, grants from National Institute of Health, outside the submitted work; .

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Yamaguchi 1



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5. Manuscript Title Hospital Satisfaction Do	oes Not Predict Fur	nctional Outcome	One Year after Tot	tal Shoulder Aı	rthroplasty	
6. Manuscript Identifying JHMHP-20-51	Number (if you knov	v it)				
Section 2. The V	Work Under Con	sideration for	Publication			
Did you or your institution any aspect of the submitte statistical analysis, etc.)?		ut not limited to gra				
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Cartion A	
Section 4.	Intellectual Property Patents & Copyrights
Do you have any	patents, whether planned, pending or issued, broadly relevant to the work? Yes V No
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
No other rela	ationships/conditions/circumstances that present a potential conflict of interest
Received \$20K a	s a monetary award related to the Ann Doner Vaughn Kappa Delta Award for the ORS/AAOS in 2014.
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Zimmer, person	reports grants from National Institutes of Health, during the conduct of the study; personal fees from al fees from Tornier, outside the submitted work; and Received \$20K as a monetary award related to the ghn Kappa Delta Award for the ORS/AAOS in 2014

Evaluation and Feedback

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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.

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"

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Sortion 1					
Section 1. Identifying Information					
Given Name (First Name) Aaron	2. Surname (Last Nan Chamberlain	ne)		3. Date 03-April-2020	
4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title Hospital Satisfaction Does Not Predict I	Functional Outcome C	One Year after To	tal Shoulder	Arthroplasty	
6. Manuscript Identifying Number (if you ki JHMHP-20-51	now it)				
Section 2. The Work Under C	onsideration for P	ublication			
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.)? Are there any relevant conflicts of interest? Yes No					
Section 3. Relevant financial	activities outside	the submitted	work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . 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?	omments	
Arthrex			Col	nsultant	
Zimmer Biomet	✓		Res	search Grant	
National Institute of Health	✓		Co-	-Investigator on R01 grant	
DePuy Synthes			Col	nsultant	
Wright Medical			Cor	nsultant	

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Section 4.	ntellectual Property Patents & Copyrights
Do you have any p	atents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5.	Relationships not covered above
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?
Yes, the followi	ng relationships/conditions/circumstances are present (explain below):
✓ No other relation	onships/conditions/circumstances that present a potential conflict of interest
	uscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. als may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the above below.	e disclosures, this form will automatically generate a disclosure statement, which will appear in the box
	eports personal fees from Arthrex, grants from Zimmer Biomet, grants from National Institute of Health, DePuy Synthes, personal fees from Wright Medical, outside the submitted work; .

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