



Instructions

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

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Section 1. Identifying information

req Given Name (First Name)	req Surname (Last Name)	req Submission Date
Jeong Hyun	Lee	03-Jul-2020

req Are you the corresponding author? N
o

Manuscript Title: Effect of scapular notching on clinical outcomes after reverse total shoulder arthroplasty: A meta-analysis

Manuscript Identifying Number: BJJ-2020-0449.R1

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)? Complete each row by checking "No" or providing the requested information.

If you have more than one relationship in any type, please use a row labeled "Other" at the end of this section, filling in all the relevant information required and adding the type of relationship in the comments section.

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req 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓				

req 5. Payment for writing or reviewing the manuscript ✓

req 6. Provision of writing assistance, medicines, equipment, or administrative support ✓

7. Other ✓

8. Other ✓

9. Other ✓

10. Other ✓

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** Use this section to provide any needed explanation.

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req 4. Expert testimony	✓				
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req 7. Payment for manuscript preparation	✓				
req 8. Patents (planned, pending or issued)	✓				
req 9. Royalties	✓				

- req 10. Payment for development of educational presentations ✓
- req 11. Stock/stock options ✓
- req 12. Travel/accommodations/meeting expenses unrelated to activities listed** ✓
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By typing your name above and initials below, you agree all of the information is complete and accurate.

req Initials JHL

req Date: 03-Jul-2020

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Young Hoon	Jang	03-Jul-2020

req Are you the corresponding author?	N o
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Manuscript Identifying Number: BJJ-2020-0449.R1

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req Initials YHJ

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Sae Hoon	Kim	03-Jul-2020

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