



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Tim

2. Surname (Last Name)

Dwyer

3. Date

11-December-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Injection of Bone Marrow Aspirate (BMA) for Glenohumeral Joint Osteoarthritis: A Pilot Randomized Control Trial

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Dwyer has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jaskarndip

2. Surname (Last Name)

Chahal

3. Date

10-December-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Tim Dwyer

5. Manuscript Title

Injection of Bone Marrow Aspirate (BMA) for Glenohumeral Joint Osteoarthritis: A Pilot Randomized Control Trial

6. Manuscript Identifying Number (if you know it)

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Dr. Chahal has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Patrick

2. Surname (Last Name)  
Henry

3. Date  
11-December-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Tim Dwyer

5. Manuscript Title

Injection of Bone Marrow Aspirate (BMA) for Glenohumeral Joint Osteoarthritis: A Pilot Randomized Control Trial

6. Manuscript Identifying Number (if you know it)

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Dr. Henry has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Graeme      2. Surname (Last Name) Hoit      3. Date 11-December-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Tim Dwyer

5. Manuscript Title  
Injection of Bone Marrow Aspirate (BMA) for Glenohumeral Joint Osteoarthritis: A Pilot Randomized Control Trial

6. Manuscript Identifying Number (if you know it)

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Adrienne

2. Surname (Last Name)  
Lee

3. Date  
11-December-2020

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Corresponding Author's Name  
Tim Dwyer

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**ICMJE**

INTERNATIONAL COMMITTEE of  
MEDICAL JOURNAL EDITORS

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Dr. Lee has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Tim

2. Surname (Last Name)

Leroux

3. Date

10-December-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Tim Dwyer

5. Manuscript Title

Injection of Bone Marrow Aspirate (BMA) for Glenohumeral Joint Osteoarthritis: A Pilot Randomized Control Trial

6. Manuscript Identifying 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.)?

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

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Leroux has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Darrell

2. Surname (Last Name)  
Ogilvie-Harris

3. Date  
10-December-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Tim Dwyer

5. Manuscript Title  
Injection of Bone Marrow Aspirate (BMA) for Glenohumeral Joint Osteoarthritis: A Pilot Randomized Control Trial

6. Manuscript Identifying Number (if you know it)

### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ogilvie-Harris has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Theodoropoulos

3. Date  
10-December-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Tim Dwyer

5. Manuscript Title  
Injection of Bone Marrow Aspirate (BMA) for Glenohumeral Joint Osteoarthritis: A Pilot Randomized Control Trial

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Theodoropoulos has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Christian

2. Surname (Last Name)  
Veillette

3. Date  
10-December-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Tim Dwyer

5. Manuscript Title

Injection of Bone Marrow Aspirate (BMA) for Glenohumeral Joint Osteoarthritis: A Pilot Randomized Control Trial

6. Manuscript Identifying Number (if you know it)

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Dr. Veillette has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Elyse
2. Surname (Last Name)  
Watkins
3. Date  
11-December-2020
4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Tim Dwyer
5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Watkins has nothing to disclose.

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