

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. 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".

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stefan	2. Surname (Last Name) Moosmayer	3. Date 20-March-2014
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Tendon repair versus physiotherapy in the treatment of rotator cuff tears – a randomized controlled study in 103 cases with a five-year follow-up		
6. Manuscript Identifying Number (if you know it) JBJS-D-13-01393R2		

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
South-Eastern Norway Regional Health Authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Moosmayer reports grants from South-Eastern Norway Regional Health Authority, during the conduct of the study; .

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Toril

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Hennig

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Stefan Moosmayer

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Svege

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Corresponding Author's Name
Stefan Moosmayer

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1. Given Name (First Name) Hans-Jørgen	2. Surname (Last Name) Smith	3. Date 20-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stefan Moosmayer
5. Manuscript Title Tendon repair versus physiotherapy in the treatment of rotator cuff tears - a randomized controlled study in 103 cases with a five-year follow-up		
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Dr. Smith has nothing to disclose.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Gerty

2. Surname (Last Name)
Lund

3. Date
20-March-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Stefan Moosmayer

5. Manuscript Title
Surgical treatment versus physiotherapy in the treatment of rotator cuff tears - a randomized controlled study in 103 cases with a five-year follow-up

6. Manuscript Identifying Number (if you know it)
JBJS-D-13-01393R2

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
South-Eastern Norway Regional Health Authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Lund reports grants from South-Eastern Norway Regional Health Authority, during the conduct of the study; .

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Benjamin

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1. Given Name (First Name) Are	2. Surname (Last Name) Pripp	3. Date 20-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stefan Moosmayer
5. Manuscript Title Surgical treatment versus physiotherapy in the treatment of rotator cuff tears - a randomized controlled study in 103 cases with a five-year follow-up		
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Dr. Pripp has nothing to disclose.

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