ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<th>1. Given Name (First Name)</th>
<th>Ryan</th>
<th>2. Surname (Last Name)</th>
<th>Mauro</th>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>No</td>
<td>Corresponding Author's Name</td>
<td>Christopher C Schmidt, MD</td>
<td></td>
<td></td>
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Ryan Mauro has nothing to disclose.

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<th>1. Given Name (First Name)</th>
<th>Michael</th>
</tr>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Smolinski</td>
</tr>
<tr>
<td>3. Date</td>
<td>18-March-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
</tr>
</tbody>
</table>

Corresponding Author's Name
Christopher Schmidt

5. Manuscript Title
Partial Distal Biceps Ruptures Results in a Significant Loss of Supination Force

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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Michael Smolinski has nothing to disclose.

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<th>3. Date</th>
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<tbody>
<tr>
<td>patrick</td>
<td>smolinski</td>
<td>16-March-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? 
   - [ ] Yes  
   - [x] No

Corresponding Author’s Name
Christopher C Schmidt, MD

5. Manuscript Title
Partial Distal Biceps Ruptures Results in a Significant Loss of Supination Force

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Dr. smolinski has nothing to disclose.

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</thead>
<tbody>
<tr>
<td>Anthony</td>
<td>Davidson</td>
<td>23-May-2020</td>
</tr>
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</table>

4. Are you the corresponding author?  
   - Yes  
   - No  

5. Manuscript Title  
   Partial Distal Biceps Ruptures Results in a Significant Loss of Supination Force

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-00445

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Dr. Davidson has nothing to disclose.

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Delsorro
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<td>Delserro</td>
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<td>16-March-2020</td>
</tr>
<tr>
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<td>Yes ✔ No</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Christopher C Schmidt, MD</td>
</tr>
<tr>
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Are there any relevant conflicts of interest? ❌ Yes ✔ No

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Sean Delserro 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)  
   Mark Carl

2. Surname (Last Name)  
   Miller

3. Date  
   06-March-2020

4. Are you the corresponding author?  
   [ ] Yes  [ ] No

   Corresponding Author’s Name  
   Christopher Schmidt

5. Manuscript Title  
   Partial Distal Biceps Ruptures Results in a Significant Loss of Supination Force

6. Manuscript Identifying Number (if you know it)

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Dr. Miller 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)  
   Christopher

2. Surname (Last Name)  
   Schmidt

3. Date  
   16-March-2020

4. Are you the corresponding author?  
   Yes ✔  No

5. Manuscript Title  
   Partial Distal Biceps Ruptures Results in a Significant Loss of Supination Force

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

Section 3. Relevant financial activities outside the submitted work.

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   Yes ✔  No

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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<th>Comments</th>
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<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>Consultant on a biceps repair kit</td>
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</tbody>
</table>

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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Section 6. Disclosure Statement

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Dr. Schmidt reports other from Arthrex, Inc., outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Christopher  

2. Surname (Last Name)  
Spicer  

3. Date  
09-March-2020  

4. Are you the corresponding author?  
☑ No  

Corresponding Author's Name  
Dr. Christopher Schmidt

5. Manuscript Title  
Partial Distal Biceps Ruptures Results in a Significant Loss of Supination Force

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Dr. Spicer has nothing to disclose.

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Linsey

2. Surname (Last Name)  
Szabo

3. Date  
09-March-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name  
Christopher C. Schmidt, MD

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<th>2. Surname (Last Name)</th>
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<td>TOMIZUKA</td>
<td>09-March-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [✓] No  

Corresponding Author’s Name  
Christopher C. Schmidt, MD

5. Manuscript Title  
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   - [✓] No
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Dr. TOMIZUKA has nothing to disclose.

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