ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Shiow Juan

2. **Surname (Last Name)**  
   Lin

3. **Date**  
   09-November-2020

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

   **Corresponding Author’s Name**  
   Elizabeth L. Yanik

5. **Manuscript Title**  
   Identification of a Novel Genetic Marker for Risk of Degenerative Rotator Cuff Disease Surgery in the UK Biobank

6. **Manuscript Identifying Number (if you know it)**  
   JBJS-D-20-01474

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Are there any relevant conflicts of interest?  
[ ] Yes  
[ ] No

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Shiow J Lin has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Elizabeth

2. Surname (Last Name)  
   Yanik

3. Date  
   09-November-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Identification of a Novel Genetic Marker for Risk of Degenerative Rotator Cuff Disease Surgery in the UK Biobank

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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.

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OREF/ASES/Rockwood Clinical Grant in Shoulder Care
Peer Reviewed Orthopaedic Research Program
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Dr. Yanik reports grants from NIH/NIAMS, during the conduct of the study; grants from OREF, grants from DoD, grants from Scoliosis Research Society, outside the submitted work.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Graham

2. **Surname (Last Name)**
   - Colditz

3. **Date**
   - 10-November-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Identification of a Novel Genetic Marker for Risk of Degenerative Rotator Cuff Disease Surgery in the UK Biobank

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   - JBJS-D-20-01474

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1. Given Name (First Name)  
   Nitin

2. Surname (Last Name)  
   Jain

3. Date  
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   ☑ Yes  
   No

Corresponding Author's Name  
Elizabeth L. Yanik

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Rick

2. Surname (Last Name)  
   Wright

3. Date  
   11-November-2020

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

   Corresponding Author's Name  
   Elizabeth L. Yanik

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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Wright has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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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.


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

5. 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
Section 1. Identifying Information

1. Given Name (First Name)  
   Bradley

2. Surname (Last Name)  
   Evanoff

3. Date  
   10-November-2020

4. Are you the corresponding author?  
   Yes  ✔️  No

   Corresponding Author’s Name
   Elizabeth L. Yanik

5. Manuscript Title  
   Identification of a Novel Genetic Marker for Risk of Degenerative Rotator Cuff Disease Surgery in the UK Biobank

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-01474

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

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.

<table>
<thead>
<tr>
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<td>Research Grant</td>
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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

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

Section 5. Relationships not covered above

Are there 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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

✔ No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Evanoff reports grants from National Institute for Occupational Safety and Health, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jay

2. Surname (Last Name)  
   Keener

3. Date  
   09-November-2020

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   Elizabeth L. Yanik

5. Manuscript Title  
   Identification of a Novel Genetic Marker for Risk of Degenerative Rotator Cuff Disease Surgery in the UK Biobank

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-01474

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?  
   ☑ 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.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Consulting fees and Royalties</td>
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<td>Shoulder Innovations</td>
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<td>☑</td>
<td>☑</td>
<td>Royalties</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☑ No
Section 5. Relationships not covered above

Are there 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?

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Dr. Keener reports grants from National Institutes of Health, other from Wright Medical, other from Shoulder Innovations, outside the submitted work; .

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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.

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4. Other relationships.
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Nancy

2. Surname (Last Name)  
   Saccone

3. Effective Date (07-August-2008)  
   09-November-2020

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Identification of a Novel Genetic Marker for Risk of Degenerative Rotator Cuff Disease Surgery in the UK Biobank

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**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 click the “Add” button to add a row. Excess rows can be removed by clicking the “X” button.

<table>
<thead>
<tr>
<th>Type</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Name of Entity</th>
<th>Comments**</th>
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<tbody>
<tr>
<td>1. Grant</td>
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<td>NIH, OREF</td>
<td>NIH: Money to my Institution; OREF: Money to me and to my institution.</td>
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<tr>
<td>2. Consulting fee or honorarium</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☒</td>
</tr>
<tr>
<td>3. Support for travel to meetings for the study or other purposes</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☒</td>
</tr>
<tr>
<td>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☒</td>
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<tr>
<td>5. Payment for writing or reviewing the manuscript</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☒</td>
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</table>
The Work Under Consideration for Publication

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<th>Name of Entity</th>
<th>Comments**</th>
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<tr>
<td>6. Provision of writing assistance, medicines, equipment, or</td>
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<td>administrative support</td>
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<td>7. Other</td>
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<td>☐</td>
<td></td>
<td>×</td>
</tr>
</tbody>
</table>

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

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### Relevant financial activities outside the submitted work

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<tr>
<th>Type of Relationship (in alphabetical order)</th>
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<th>Money to Your Institution*</th>
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<td>NIH</td>
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<td>6. Payment for lectures including service on speakers bureaus</td>
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<td>☐</td>
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</tbody>
</table>
# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
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<th>Money to Your Institution*</th>
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<tr>
<td>7. Payment for manuscript preparation</td>
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</tr>
<tr>
<td>8. Patents (planned, pending or issued)</td>
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<td>☐</td>
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</tr>
<tr>
<td>9. Royalties</td>
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<td>☐</td>
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<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
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<td>Travel and honorarium for serving as a grant reviewer 07/2019</td>
</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
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** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.
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Section 4. Other relationships

Are there 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?

☐ No other relationships/conditions/circumstances that present a potential conflict of interest

☑ Yes, the following relationships/conditions/circumstances are present (explain below):

The spouse of N.L. Saccone is listed as an inventor on Issued U.S. Patent 8,080,371 "Markers for Addiction" covering the use of certain single nucleotide polymorphisms in determining the diagnosis, prognosis, and treatment of addiction.

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