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)  Laurent
2. Surname (Last Name)  Lafosse
3. Date  19-September-2016
4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title
   Arthroscopic repair of subscapularis tendon tear.

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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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>
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</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ Yes  
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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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Mitek/T.A.G.

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Section 6. Disclosure Statement

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Dr. Lafosse reports personal fees from MITEK, personal fees from Stryker, personal fees from OrthoSpace, outside the submitted work; in addition, Dr. Lafosse has a patent Mitek/T.A.G. issued.

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Henderson
# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daniel</td>
<td>Henderson</td>
<td>19-September-2016</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Arthroscopic repair of subscapularis tendon tear.

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.)?  
Yes  
No  

Are there any relevant conflicts of interest?  
Yes  
No  

## Section 3. Relevant financial activities outside the submitted work.

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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  

Corresponding Author's Name: Johannes E. Plath
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?

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Dr. Henderson has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Julien

2. Surname (Last Name)  
Coquay

3. Date  
19-September-2016

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

Corresponding Author’s Name  
Johannes E. Plath

5. Manuscript Title  
Arthroscopic repair of subscapularis tendon tear.

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Dr. Coquay has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Johannes E.  

2. Surname (Last Name)  
Plath  

3. Date  
18-September-2016  

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

5. Manuscript Title  
Arthroscopic repair of subscapularis tendon tear.  

6. Manuscript Identifying Number (if you know it)  

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✓ No

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☐ No  

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Dr. Plath reports grants from MITEK, outside the submitted work; .

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<td>Dück</td>
</tr>
<tr>
<td>3. Date</td>
<td>19-September-2016</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>No</td>
</tr>
</tbody>
</table>

**Corresponding Author’s Name**

Johannes E. Plath

**Manuscript Title**

Arthroscopic repair of subscapularis tendon tear.

**Manuscript Identifying Number (if you know it)**

---

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---

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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):
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Dr. Dück has nothing to disclose.

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