

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Carroll	3. Date 09-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ian Lo
5. Manuscript Title Tears of the Subscapularis Tendon: A Critical Analysis Review		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-16-00054R1		

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
 Ian Lo 30-May-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Tears of the Subscapularis Tendon: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Smith & Nephew	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
ArthroCare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Linvatec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fellowship support

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Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name) Yohei	2. Surname (Last Name) Ono	3. Date 10-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ian Lo
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