

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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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**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) Anthony

2. Surname (Last Name) Romeo

3. Date 18-March-2018

4. Are you the corresponding author?  Yes  No Corresponding Author's Name Rachel Frank

5. Manuscript Title Superior Capsular Reconstruction: Indications, Techniques, and Clinical Outcomes

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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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 Inc (Naples, FL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consultant, research support, royalties; none relevant to this manuscript

### 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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Dr. Romeo reports other from Arthrex Inc (Naples, FL), outside the submitted work.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Savin	3. Date 20-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rachel Frank
5. Manuscript Title Superior Capsular Reconstruction: Indications, Techniques, and Clinical Outcomes		
6. Manuscript Identifying Number (if you know it)		

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Dr. Savin has nothing to disclose.

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1. Given Name (First Name) Gregory	2. Surname (Last Name) Cvetanovich	3. Date 20-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rachel Frank
5. Manuscript Title Superior Capsular Reconstruction: Indications, Techniques, and Clinical Outcomes		
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Dr. Cvetanovich has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Rachel

2. Surname (Last Name)  
Frank

3. Date  
20-August-2017

4. Are you the corresponding author?  Yes  No

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Superior Capsular Reconstruction: Indications, Techniques, and Clinical Outcomes

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