

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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Section 1. Identifying Information

1. Given Name (First Name) Chukwuweike	2. Surname (Last Name) Gwam	3. Date 06-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Delanois
5. Manuscript Title Biologic Therapy as Adjuncts in Rotator Cuff Repair: A Review		
6. Manuscript Identifying Number (if you know it)		

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Dr. Gwam has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) R. Frank	2. Surname (Last Name) Henn III	3. Date 06-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Delanois
5. Manuscript Title Biologic Therapy as Adjuncts in Rotator Cuff Repair: A Review		
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Dr. Henn III has nothing to disclose.

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1. Given Name (First Name) Jennifer	2. Surname (Last Name) Etcheson	3. Date 06-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Delanois
5. Manuscript Title Biologic Therapy as Adjuncts in Rotator Cuff Repair: A Review		
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1. Given Name (First Name) Jaydev	2. Surname (Last Name) Mistry	3. Date 06-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Delanois
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1. Given Name (First Name) Nicole	2. Surname (Last Name) George	3. Date 06-November-2017
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Section 1. Identifying Information

1. Given Name (First Name) Ronald 2. Surname (Last Name) Delanois 3. Date 06-November-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Biologic Therapy as Adjuncts in Rotator Cuff Repair: A Review

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.

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Baltimore City Medical Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or Committee Member
Corin U.S.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid consultant
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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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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. Delanois reports other from Baltimore City Medical Society, other from Corin U.S.A, other from Orthofix, Inc., other from Stryker, outside the submitted work; .

Evaluation and Feedback

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