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.

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Section 1. Identifying Information

1. Given Name (First Name) Meghan
2. Surname (Last Name) Bishop
3. Date 25-January-2017
4. Are you the corresponding author? Yes ☐ No ✔
   Corresponding Author’s Name Kevin Freeman MD
5. Manuscript Title Biomechanical and Clinical Comparison of Suture Techniques in Arthroscopic Rotator Cuff Repair
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes ☐ No ✔

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Bishop has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Ciccotti

3. Date  
   25-January-2017

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

   Corresponding Author’s Name

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   Biomechanical and Clinical Comparison of Suture Techniques in Arthroscopic Rotator Cuff Repair

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   [ ] No

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1. Given Name (First Name)  
Cohen

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Cohen

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25-January-2017

4. Are you the corresponding author?  
Yes  ☑  No

Corresponding Author’s Name  
Kevin Freedman MD

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Dodson

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**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
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Freedman

3. Date  
   25-January-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Biomechanical and Clinical Comparison of Suture Techniques in Arthroscopic Rotator Cuff Repair

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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
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</tr>
</tbody>
</table>

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   No
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Dr. Freedman reports personal fees from DePuy, personal fees from Johnson & Johnson Company, personal fees from Genzyme, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Sommer

2. Surname (Last Name)  
Hammoud

3. Date  
25-January-2017

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

5. Manuscript Title  
Biomechanical and Clinical Comparison of Suture Techniques in Arthroscopic Rotator Cuff Repair

6. Manuscript Identifying Number (if you know it)

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Dr. Hammoud reports personal fees from American Orthopaedic Society for Sports Medicine, personal fees from Perry Initiative, personal fees from Ruth Jackson Orthopaedic Society, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   MacLeod

3. Date  
   25-January-2017

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Kevin Freeman MD

5. Manuscript Title  
   Biomechanical and Clinical Comparison of Suture Techniques in Arthroscopic Rotator Cuff Repair

6. Manuscript Identifying Number (if you know it)

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Dr. MacLeod has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Fotios
2. Surname (Last Name)  Tjoumakaris
3. Date  25-January-2017
4. Are you the corresponding author?  ☑ Yes  ☐ No
   Corresponding Author’s Name  Kevin Freedman MD
5. Manuscript Title
   Biomechanical and Clinical Comparison of Suture Techniques in Arthroscopic Rotator Cuff Repair
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Dr. Tjoumakaris has nothing to disclose.

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