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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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) Neal
2. Surname (Last Name) Millar
3. Date 21-October-2014

4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name George AC Murrell

5. Manuscript Title
   Are the symptoms of calcific tendonitis due to neoinnervation and/or neovascularisation?

6. Manuscript Identifying Number (if you know it)

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Dr. Millar has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   George

2. Surname (Last Name)  
   Murrell

3. Date  
   08-August-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Are the symptoms of calcific tendonitis due to neoinnervation and/or neovascularisation?

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name) Lisa
2. Surname (Last Name) Hackett
3. Date 08-August-2015
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Prof George Murrell
5. Manuscript Title
   Are the symptoms of calcific tendonitis due to neoinnervation and/or neovascularisation?
6. Manuscript Identifying Number (if you know it)
   JBJS-D-15-00417

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   Lam
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