

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Shota	2. Surname (Last Name) Hoshika	3. Date 19-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroyuki Sugaya
5. Manuscript Title Rotator Cuff Lesions in Patients with Frozen Shoulder: An Analysis of 379 Primary Stiff Shoulders		
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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Dr. Hoshika has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nobuaki	2. Surname (Last Name) Kawai	3. Date 18-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroyuki Sugaya
5. Manuscript Title Rotator Cuff Lesions in Patients with Frozen Shoulder: An Analysis of 379 Primary Stiff Shoulders		
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Dr. Kawai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Keisuke

2. Surname (Last Name)

Matsuki

3. Date

18-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Hiroyuki Sugaya

5. Manuscript Title

Rotator Cuff Lesions in Patients with Frozen Shoulder: An Analysis of 379 Primary Stiff Shoulders

6. Manuscript Identifying Number (if you know it)

JBJS-S-14-01272

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Dr. Matsuki has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Kazutomo	2. Surname (Last Name) Onishi	3. Date 18-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroyuki Sugaya
5. Manuscript Title Rotator Cuff Lesions in Patients with Frozen Shoulder: An Analysis of 379 Stiff Shoulders		
6. Manuscript Identifying Number (if you know it) JBJS-S-14-01272		

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Hiroyuki

2. Surname (Last Name)
Sugaya

3. Date
18-August-2014

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1. Given Name (First Name)
NORIMASA

2. Surname (Last Name)
TAKAHASHI

3. Date
18-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hiroyuki Sugaya, MD

5. Manuscript Title
Rotator Cuff Lesions in Patients with Frozen Shoulder: An Analysis of 379 Primary Stiff Shoulders

6. Manuscript Identifying Number (if you know it)
S-14-01272

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

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. TAKAHASHI has nothing to disclose.

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Instructions

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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) Morihiro	2. Surname (Last Name) Tokai	3. Date 20-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroyuki Sugaya
5. Manuscript Title Rotator Cuff Lesions in Patients with Frozen Shoulder: An Analysis of 379 Primary Stiff Shoulders		
6. Manuscript Identifying Number (if you know it)		

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Dr. Tokai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yusuke	2. Surname (Last Name) Ueda	3. Date 18-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroyuki Sugaya
5. Manuscript Title Rotator Cuff Lesions in Patients with Frozen Shoulder: An Analysis of 379 Primary Stiff Shoulders		
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