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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daisuke</td>
<td>Araki</td>
<td>30-October-2013</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
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1. Given Name (First Name)  
Richard E

2. Surname (Last Name)  
Debski

3. Date  
30-October-2013

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No

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1. Given Name (First Name)  
   Yoshimasa

2. Surname (Last Name)  
   Fujimaki

3. Date  
   30-October-2013

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Richard E Debski

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   Yuichi

2. Surname (Last Name)  
   Hoshino

3. Date  
   30-October-2013

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Musahl
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Volker

2. Surname (Last Name)  
Musahl

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Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)  Miller
3. Date  18-November-2014
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Richard Debski
5. Manuscript Title
   Effect of Tear Location on Propagation of Isolated Supraspinatus Tendon Tears During Increasing Levels of Cyclic Loading
6. Manuscript Identifying Number (if you know it)
   JBJS-D-14-00062R2

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  ✔

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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?

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Mr. Miller reports partial support from the Pittsburgh Chapter of the ARCS Foundation.

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