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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Richard

2. **Surname (Last Name)**
   - Boorman

3. **Date**
   - 25-October-2013

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

5. **Manuscript Title**
   - Outcome of Non-Operative Treatment for Patients with Chronic Rotator Cuff Tears Can be Predicted from Presenting Clinical Characteristics: A Consecutive Prospective Regression Analysis

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 [✓]

### 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. Boorman 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)  Robert
2. Surname (Last Name)  Hollinshead
3. Date  25-October-2013
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Dr. Richard Boorman
5. Manuscript Title
   Outcome of Non-Operative Treatment for Patients with Chronic Rotator Cuff Tears Can be Predicted from Presenting Clinical Characteristics: A Consecutive Prospective Regression Analysis
6. Manuscript Identifying Number (if you know it)

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Dr. Hollinshead has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Dianne
2. Surname (Last Name)  Bryant
3. Date  25-October-2013
4. Are you the corresponding author?  \[ \square \] Yes  \[ \square \] No
   Corresponding Author’s Name  Dr. Richard Boorman
5. Manuscript Title
   Outcome of Non-Operative Treatment for Patients with Chronic Rotator Cuff Tears Can be Predicted from Presenting Clinical Characteristics: A Consecutive Prospective Regression Analysis
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  \[ \square \] Yes  \[ \square \] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  \[ \square \] Yes  \[ \square \] No
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Dr. Bryant has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Kelly

2. Surname (Last Name)  
   Brett

3. Date  
   25-October-2013

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

Corresponding Author’s Name  
Dr. Richard Boorman

5. Manuscript Title  
   Outcome of Non-Operative Treatment for Patients with Chronic Rotator Cuff Tears Can be Predicted from Presenting Clinical Characteristics: A Consecutive Prospective Regression Analysis

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Dr. Brett has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ian

2. Surname (Last Name)  
   Lo

3. Date  
   25-October-2013

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

Corresponding Author’s Name  
Dr. Richard Boorman

5. Manuscript Title  
   Outcome of Non-Operative Treatment for Patients with Chronic Rotator Cuff Tears Can be Predicted from Presenting Clinical Characteristics: A Consecutive Prospective Regression Analysis

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Dr. Lo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Nicholas

2. Surname (Last Name)  
Mohtadi

3. Date  
25-October-2013

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

Corresponding Author’s Name  
Dr. Richard Boorman

5. Manuscript Title  
Outcome of Non-Operative Treatment for Patients with Chronic Rotator Cuff Tears Can be Predicted from Presenting Clinical Characteristics: A Consecutive Prospective Regression Analysis

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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[ ] Yes  [X] No

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Wiley
**Section 1. Identifying Information**

1. Given Name (First Name)  
J. Preston

2. Surname (Last Name)  
Wiley

3. Date  
25-October-2013

4. Are you the corresponding author?  

   - Yes
   - ☑️ No

   Corresponding Author’s Name  
Dr. Richard Boorman

5. Manuscript Title  
Outcome of Non-Operative Treatment for Patients with Chronic Rotator Cuff Tears Can be Predicted from Presenting Clinical Characteristics: A Consecutive Prospective Regression Analysis

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Are there any relevant conflicts of interest?  

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

   - Yes
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Section 1. Identifying Information

1. Given Name (First Name) Kristie
2. Surname (Last Name) More
3. Date 25-October-2013

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

Corresponding Author’s Name
Dr. Richard Boorman

5. Manuscript Title
Outcome of Non-Operative Treatment for Patients with Chronic Rotator Cuff Tears Can be Predicted from Presenting Clinical Characteristics: A Consecutive Prospective Regression Analysis

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1. Given Name (First Name)  
Atiba

2. Surname (Last Name)  
Nelson

3. Date  
08-June-2014

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

5. Manuscript Title  
The Rotator Cuff Quality-of-Life Index Score Predicts the Outcome of Non-Operative Treatment of Patients with Chronic Rotator Cuff Tears

6. Manuscript Identifying Number (if you know it)  
JBJS-D-13-01457

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Dr. Nelson reports grants from Calgary Orthopaedic Research and Education Fund, grants from Workers’ Compensation Board of Alberta, during the conduct of the study.

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