ICMJE Form for Disclosure of Potential Conflicts of Interest

Identification of potential conflicts of interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Ding

3. Date  
   06-December-2013

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

   Corresponding Author’s Name  
   Laith M. Jazrawi

5. Manuscript Title  
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Section 2. The Work Under Consideration for Publication

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Dr. Ding has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Eric
2. Surname (Last Name) Strauss
3. Date 09-December-2013
4. Are you the corresponding author? Yes

Corresponding Author’s Name
Laith M. Jazrawi

5. Manuscript Title
The Biceps Tendon: From Proximal to Distal

6. Manuscript Identifying Number (if you know it)

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Dr. Strauss has nothing to disclose.

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1. Given Name (First Name)  
Dylan  

2. Surname (Last Name)  
Lowe  

3. Date  
09-December-2013  

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

Corresponding Author’s Name  
Laith M. Jazrawi  

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<tr>
<td>Laith</td>
<td>Jazrawi</td>
<td>09-December-2013</td>
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<td>Garofolo</td>
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