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.

1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Samuel

2. Surname (Last Name)
   Ward

3. Date
   07-March-2016

4. Are you the corresponding author?
   ✓ Yes   No

5. Manuscript Title
   Histological Assessment of Chronically Torn Human Rotator Cuff Muscles: Evidence of Degeneration, Regeneration and Remodeling

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Timothy
2. Surname (Last Name) Cheng
3. Date 08-March-2016

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

Corresponding Author’s Name
Sam Ward

5. Manuscript Title
Histological Assessment of Chronically Torn Human Rotator Cuff Muscles: Evidence of Degeneration, Regeneration and Remodeling

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<td>Adam</td>
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   Corresponding Author's Name
   Samuel Ward

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1. Given Name (First Name)
   Michael

2. Surname (Last Name)
   Gibbons

3. Date
   04-March-2016

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   Corresponding Author’s Name
   Samuel Ward

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1. Given Name (First Name)  
Maxwill

2. Surname (Last Name)  
Pomerantz

3. Date  
04-March-2014

4. Are you the corresponding author?  
☑ No

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   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”.

3. **Relevant financial activities outside the submitted work.**
   
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4. **Intellectual Property.**
   
   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**
   
   Use this section to report 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.

**Definitions.**

- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
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- **Other:** Anything not covered under the previous three boxes
- **Pending:** The patent has been filed but not issued
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- **Royalties:** Funds are coming in to you or your institution due to your patent

Schenk
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Simon

2. Surname (Last Name)  
Schenk

3. Date  
07-March-2016

4. Are you the corresponding author?  

Yes
No

5. Manuscript Title  
Histological Assessment of Chronically Torn Human Rotator Cuff Muscles: Evidence of Degeneration, Regeneration and Remodeling

6. Manuscript Identifying Number (if you know it)

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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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  

Yes
No

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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
No
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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Schenk reports grants from UC San Diego, from null, during the conduct of the study.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Oke

2. Surname (Last Name)  
   Anakwenze

3. Date  
   08-March-2016

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

Corresponding Author’s Name  
   Samuel Ward

5. Manuscript Title  
   Histological Assessment of Chronically Torn Human Rotator Cuff Muscles: Evidence of Degeneration, Regeneration and Remodeling

6. Manuscript Identifying Number (if you know it)

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

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   ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  
   ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Anakwenze has nothing to disclose.

Evaluation and Feedback

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Singh
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Anshuman

2. Surname (Last Name)  
   Singh

3. Date  
   08-March-2016

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Samuel Ward

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
   ☐ Yes  ☑ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Singh has nothing to disclose.

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