ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Stefan

2. Surname (Last Name)  
   Lederer

3. Date  
   13-April-2016

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Philipp Moroder

5. Manuscript Title  
   Long-term outcome after pectoralis major transfer for irreparable antero-superior rotator-cuff tears

6. Manuscript Identifying Number (if you know it)

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   [ ] Yes  [ ] No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Lederer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Marian
2. Surname (Last Name) Mitterer
3. Date 13-April-2016
4. Are you the corresponding author? ☑ No
Corresponding Author’s Name Philipp Moroder
5. Manuscript Title Long-term outcome after pectoralis major transfer for irreparable antero-superior rotator-cuff tears
6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Philipp
2. Surname (Last Name) Moroder
3. Date 13-April-2016
4. Are you the corresponding author? √ Yes ☐ No
5. Manuscript Title Long-term outcome after pectoralis major transfer for irreparable antero-superior rotator-cuff tears
6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  Fabian
2. Surname (Last Name)  Plachel
3. Date  13-April-2016
4. Are you the corresponding author?  Yes ☑ No
Corresponding Author’s Name  Philipp Moroder
5. Manuscript Title
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   Herbert

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   Resch

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   Corresponding Author’s Name  
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Identifying Information

1. Given Name (First Name)  
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2. Surname (Last Name)  
   Schulz

3. Date  
   13-April-2016

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Philipp Moroder

5. Manuscript Title  
   Long-term outcome after pectoralis major transfer for irreparable antero-superior rotator-cuff tears

6. Manuscript Identifying Number (if you know it)

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.)?

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Dr. Schulz has nothing to disclose.

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