ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>John</td>
<td>Dunn</td>
<td>24-January-2016</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

Brian R. Waterman

5. Manuscript Title

Return to Function, Complication, and Re-operation Rates Following Primary Pectoralis Major Tendon Repair in Military Servicemembers

6. Manuscript Identifying Number (if you know it)

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Dr. Dunn has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Nicholas

2. Surname (Last Name)  
Kusnezov

3. Date  
24-January-2016

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

Corresponding Author’s Name  
Brian R. Waterman

5. Manuscript Title  
Return to Function, Complication, and Re-operation Rates Following Primary Pectoralis Major Tendon Repair in Military Servicemembers

6. Manuscript Identifying Number (if you know it)

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Dr. Kusnezov has nothing to disclose.

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

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

3. **Date**
   - 24-January-2016

4. Are you the corresponding author?  
   - ☑ No

   - **Corresponding Author’s Name**
     - Brian R. Waterman

5. **Manuscript Title**
   - Return to Function, Complication, and Re-operation Rates Following Primary Pectoralis Major Tendon Repair in Military Servicemembers

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Brian

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Waterman

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