

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hervé	2. Surname (Last Name) Thomazeau	3. Date 25-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mo Saffarini
5. Manuscript Title Clinical and MRI outcomes 10 years after repair of postero-superior massive rotator cuff tears		
6. Manuscript Identifying Number (if you know it)		

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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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Section 6. Disclosure Statement

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Dr. Thomazeau has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jean-François	2. Surname (Last Name) Kempf	3. Date 25-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mo Saffarini
5. Manuscript Title Clinical and MRI outcomes 10 years after repair of postero-superior massive rotator cuff tears		
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kempf 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) Michel

2. Surname (Last Name) Colmar

3. Date 25-July-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name Mo Saffarini

5. Manuscript Title Clinical and MRI outcomes 10 years after repair of postero-superior massive rotator cuff tears

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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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CERAVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BIOTECHNI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Colmar reports personal fees from CEREVER, personal fees from BIOTECHNI, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Mo

2. Surname (Last Name)
Saffarini

3. Date
25-July-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Dr. Saffarini has nothing to disclose.

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Pascal

2. Surname (Last Name)
Boileau

3. Date
25-July-2017

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Corresponding Author's Name
Mo Saffarini

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Wright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Imascap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equities

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Boileau reports other from Wright, personal fees from Smith & Nephew, other from Imascap, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Philippe	2. Surname (Last Name) Collin	3. Date 25-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mo Saffarini
5. Manuscript Title Clinical and MRI outcomes 10 years after repair of postero-superior massive rotator cuff tears		
6. Manuscript Identifying Number (if you know it)		

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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Pierre

2. Surname (Last Name)
Mansat

3. Date
25-July-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Mo Saffarini

5. Manuscript Title
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1. Given Name (First Name) Philippe	2. Surname (Last Name) Valenti	3. Date 25-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mo Saffarini
5. Manuscript Title Clinical and MRI outcomes 10 years after repair of postero-superior massive rotator cuff tears		
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Luca

2. Surname (Last Name)
Nover

3. Date
25-July-2017

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