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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Section 1. Identifying Information

1. Given Name (First Name)  
   Corrado

2. Surname (Last Name)  
   Fagnani

3. Date  
   22-June-2018

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Vittorio Candela

5. Manuscript Title  
   Rotator cuff degeneration: the role of genetic

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Corrado Fagnani has nothing to disclose.
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### Identifying Information

1. Given Name (First Name)  
   Valerio

2. Surname (Last Name)  
   Arceri

3. Date  
   12-February-2015

4. Are you the corresponding author?  
   Yes  
   ✔  No

Corresponding Author’s Name  
Vittorio Candela

5. Manuscript Title  
   Rotator cuff degeneration: the role of genetics

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Dr. Arceri has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Vittorio

2. Surname (Last Name)  
   Candela

3. Date  
   22-June-2018

4. Are you the corresponding author?  
   ✔ Yes  □ No

5. Manuscript Title  
   Rotator cuff degeneration: the role of genetic

6. Manuscript Identifying Number (if you know it)

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Dr. Candela has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Alessandro

2. Surname (Last Name)  
   Castagna

3. Date  
   22-June-2018

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

Corresponding Author’s Name  
Vittorio Candela

5. Manuscript Title  
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1. Given Name (First Name)
   Stefano

2. Surname (Last Name)
   Gumina

3. Date
   22-June-2018

4. Are you the corresponding author?
   ☑ No

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   Vittorio Candela

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<tbody>
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<td>2. Surname (Last Name)</td>
<td>Venditto</td>
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<td>3. Date</td>
<td>22-June-2018</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Vittorio Candela</td>
</tr>
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<td>5. Manuscript Title</td>
<td>Rotator cuff degeneration: the role of genetic</td>
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| 6. Manuscript Identifying Number (if you know it) | }

#### 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

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No
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1. Identifying information.
2. The work under consideration for publication.

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".

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Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**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
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Section 1. Identifying Information

1. Given Name (First Name) Ciro
2. Surname (Last Name) Villani
3. Date 22-June-2018
4. Are you the corresponding author? ☑ No
5. Manuscript Title Rotator cuff degeneration: the role of genetic
6. Manuscript Identifying Number (if you know it)

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Lorenza</td>
<td>Nisticò</td>
<td>22-June-2018</td>
</tr>
</tbody>
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