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.

2. The work under consideration for publication.

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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) Bradford
2. Surname (Last Name) Tucker
3. Date 24-March-2019
4. Are you the corresponding author? No
5. Manuscript Title
   Prevalence of Clinical Depression among Patients after Shoulder Stabilization Repair: A Prospective Study
6. Manuscript Identifying Number (if you know it)
   JBJS-D-18-01460R1

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.)? Yes

Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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<td>Mitek and DePuy</td>
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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

Tucker
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Section 6. Disclosure Statement

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Dr. Tucker reports other from Johnson & Johnson, personal fees from Mitek and DePuy, outside the submitted work.

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) Danielle
2. Surname (Last Name) Weekes
3. Date 24-March-2019
4. Are you the corresponding author? ✓ No
   Corresponding Author’s Name Fotios Tjoumakaris
5. Manuscript Title
   Prevalence of Clinical Depression among Patients after Shoulder Stabilization Repair: A Prospective Study
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Weekes has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Weilong

2. Surname (Last Name)  
Shi

3. Date  
24-March-2019

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

Corresponding Author’s Name  
Fotios Tjoumakaris

5. Manuscript Title  
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Dr. Shi has nothing to disclose.

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1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Freedman

3. Date  
   24-March-2019

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

5. Manuscript Title
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<td>Vericel</td>
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Dr. Freedman reports personal fees from DePuy, personal fees from Vericel, outside the submitted work;.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Pepe

3. Date  
   24-March-2019

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

   Corresponding Author’s Name  
   Fotios Tjoumakaris

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Dr. Pepe has nothing to disclose.

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   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

   For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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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**Definitions.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Nicholas

2. Surname (Last Name)  
   Giunta

3. Date  
   24-March-2019

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Fotios Tjoumakaris

5. Manuscript Title  
   Prevalence of Clinical Depression among Patients after Shoulder Stabilization Repair: A Prospective Study

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?  
   ✔ No

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   ✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Giunta has nothing to disclose.

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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)  
Richard

2. Surname (Last Name)  
Campbell

3. Date  
24-March-2019

4. Are you the corresponding author? ☑ No  
Corresponding Author's Name  
Fotios Tjoumakaris

5. Manuscript Title  
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Dr. Campbell has nothing to disclose.

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1. Given Name (First Name)  
Fotios

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Tjoumakaris

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Yes ✔  No

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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Dr. Tjoumakaris reports other from Franklin/Keystone Biosciences, LLC, other from Trice Medical, Inc, outside the submitted work.

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