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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Matthew
2. Surname (Last Name)  Beran
3. Date  28-July-2015
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Stephen Wiseman
5. Manuscript Title  Long Head Biceps Tendon Rupture in a Pediatric Athlete: A Case Report
6. Manuscript Identifying Number (if you know it)

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Dr. Beran has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tr>
<td>James</td>
<td>McDonald</td>
<td>28-July-2015</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
Long Head Biceps Tendon Rupture in a Pediatric Athlete: A Case Report

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. McDonald 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)  
   Shantanu

2. Surname (Last Name)  
   Warahadpande

3. Date  
   28-July-2015

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

**Corresponding Author’s Name**  
Stephen Wiseman

5. Manuscript Title  
   Long Head Biceps Tendon Rupture in a Pediatric Athlete: A Case Report

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Mr. Warahadpande has nothing to disclose.

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1. Given Name (First Name)  
   Stephen

2. Surname (Last Name)  
   Wiseman

3. Date  
   28-July-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

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

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<tr>
<td>James</td>
<td>MacDonald</td>
<td>28-July-2015</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author's Name

Stephen Wiseman

5. Manuscript Title

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