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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3. **Relevant financial activities outside the submitted work.**

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Omar  

2. Surname (Last Name)  
Ramos-Williams  

3. Date  
14-November-2016  

4. Are you the corresponding author?  

☐ Yes  ☑ No  

Corresponding Author’s Name  
Molly Lewis  

5. Manuscript Title  
A Novel Treatment for a Rare Injury: Pediatric Massive Midsubstance Rotator Cuff and Periscapular Muscle Tears Treated with Custom Brace  

6. Manuscript Identifying Number (if you know it)  

Section 2. The Work Under Consideration for Publication  

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☐ Yes  ☑ No  

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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. Ramos-Williams has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)           2. Surname (Last Name)           3. Date
Hasan M                               Syed                                   12-April-2017

4. Are you the corresponding author?   ☐ Yes   ✔ No
Corresponding Author’s Name
Molly Lewis, MD

5. Manuscript Title
A Novel Treatment for a Rare Injury: Pediatric Massive Midsubstance Rotator Cuff and Periscapular Muscle Tears Treated with Custom Brace

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Dr. Syed has nothing to disclose.

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<th>1. Given Name (First Name)</th>
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<td>2. Surname (Last Name)</td>
<td>Lewis</td>
</tr>
<tr>
<td>3. Date</td>
<td>14-November-2016</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>☑ Yes</td>
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5. Manuscript Title
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<th>Theodore</th>
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<tbody>
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<td>Gregorius</td>
</tr>
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