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**Other:** Anything not covered under the previous three boxes

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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)**  
   Jennifer

2. **Surname (Last Name)**  
   Kurowicki

3. **Date**  
   21-January-2017

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

5. **Manuscript Title**  
   Isolated rhabdomyolysis of the infraspinatus muscle following Crossfit “Sissy Test”

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

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were **present during the 36 months prior to publication**.  
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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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Dr. Kurowicki 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)  Howard
2. Surname (Last Name)  Routman
3. Date  21-January-2017
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Jennifer Kurowicki
5. Manuscript Title
   Isolated rhabdomyolysis of the infraspinatus muscle following Crossfit “Sissy Test”
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  ✔
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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Dr. Routman reports personal fees from Exactech, personal fees from Pacira Pharmaceuticals, personal fees from Rotation Medical, outside the submitted work;

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<thead>
<tr>
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<th>Neil</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Singh</td>
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Dr. Singh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jacob
2. Surname (Last Name)  Triplet
3. Date  21-January-2017
4. Are you the corresponding author?  Yes ✔ No

5. Manuscript Title
Isolated rhabdomyolysis of the infraspinatus muscle following Crossfit “Sissy Test”

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