

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Brooks

3. Date
07-December-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Cole Chapman

5. Manuscript Title
Treatment for Rotator Cuff Tear Heavily Influenced by Demographics and Where Patients Live

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Smith & Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provided matching funds to the State of South Carolina to support the Center for Effectiveness Research in Orthopaedics. I am the Chair of this Center

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. Brooks reports other from Smith & Nephew, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Cole

2. Surname (Last Name)
Chapman

3. Date
06-December-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Treatment for Rotator Cuff Tear Heavily Influenced by Demographics and Where Patients Live

6. Manuscript Identifying Number (if you know it)

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Dr. Chapman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Brian	2. Surname (Last Name) Chen	3. Date 07-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cole Chapman
5. Manuscript Title Treatment for Rotator Cuff Tear Heavily Influenced by Demographics and Where Patients Live		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Chen 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)
Sarah

2. Surname (Last Name)
Floyd

3. Date
07-December-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Cole Chapman

5. Manuscript Title

Treatment for Rotator Cuff Tear Heavily Influenced by Demographics and Where Patients Live

6. Manuscript Identifying Number (if you know it)

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Charles

2. Surname (Last Name)
Thigpen

3. Date
07-December-2016

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Yes No

Corresponding Author's Name
Cole Chapman

5. Manuscript Title

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____
John

2. Surname (Last Name) _____
Tokish

3. Date _____
07-December-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name _____
Cole Chapman

5. Manuscript Title _____
Treatment for Rotator Cuff Tear Heavily Influenced by Demographics and Where Patients Live

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.)?

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

Dr. Tokish reports other from Arthrex, other from Depuy-Mitek, outside the submitted work; .

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