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

5. Relationships not covered above.

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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)
   Anthony
2. Surname (Last Name)
   Romeo
3. Date
   18-March-2018
4. Are you the corresponding author? [ ] Yes  ✔ No
   Corresponding Author’s Name
   Rachel Frank
5. Manuscript Title
   Superior Capsular Reconstruction: Indications, Techniques, and Clinical Outcomes
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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Arthrex Inc (Naples, FL)</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>consultan, research support, royalties; none relevant to this manuscript</td>
</tr>
</tbody>
</table>

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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. Romeo reports other from Arthrex Inc (Naples, FL), outside the submitted work.

Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Savin

3. Date  
   20-August-2017

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Rachel Frank

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

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<tbody>
<tr>
<td>Gregory</td>
<td>Cvetanovich</td>
<td>20-August-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  

Corresponding Author’s Name  
Rachel Frank

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

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1. Given Name (First Name)  
   Rachel

2. Surname (Last Name)  
   Frank

3. Date  
   20-August-2017

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