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.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Costouros

3. Date  
   01-March-2018

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Jason Dragoo, MD

5. Manuscript Title  
   Biologics for Rotator Cuff Repair: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Costouros has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Kevin  

2. Surname (Last Name)  
   Smith  

3. Date  
   26-February-2018  

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

   Corresponding Author’s Name  
   Jason Dragoo  

5. Manuscript Title  
   Biologics for rotator cuff repair: A critical analysis review  

6. Manuscript Identifying Number (if you know it)  
   Reviews-D-17-00185  

## 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  
   ✔ No  

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

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Are there any relevant conflicts of interest?  
- Yes  
- No  
   ✔ No  

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes  
- No  
   ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Smith has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Adrian

2. Surname (Last Name)  
   Le

3. Date  
   27-February-2018

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

   Corresponding Author's Name  
   Jason Dragoo

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   Reviews-D-17-00185

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1. Given Name (First Name)  
   Jason

2. Surname (Last Name)  
   Dragoo

3. Date  
   26-February-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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If yes, please fill out the appropriate information below.

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