ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Vani

2. Surname (Last Name)  
Sabesan

3. Date  
26-December-2018

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
Efficacy of Imaging Modalities Assessing Fatty Infiltration in Rotator Cuff Tears

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.

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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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<td>No</td>
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<td>Lifenet Health</td>
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<td>No</td>
<td>No</td>
<td>No</td>
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</tr>
<tr>
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<td>No</td>
<td>No</td>
<td>✔</td>
<td>Consultant.</td>
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</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
No

Sabesan
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Section 6. Disclosure Statement

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Dr. Sabesan reports grants from Arthrex, Inc., grants from Lifenet Health, other from Arthrex, Inc., outside the submitted work.

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<tbody>
<tr>
<td>David</td>
<td>Golchian</td>
<td>28-November-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author's Name: Vani Sabesan

5. Manuscript Title
   Efficacy of Imaging Modalities Assessing Fatty Infiltration in Rotator Cuff Tears

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Dr. Golchian has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Diego

2. Surname (Last Name)  
Lima

3. Date  
28-November-2018

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

Corresponding Author’s Name  
Vani Sabesan

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

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Section 1. Identifying Information

1. Given Name (First Name)
   Danielle

2. Surname (Last Name)
   Malone

3. Date
   28-November-2018

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name
   Vani Sabesan

5. Manuscript Title
   Efficacy of Imaging Modalities Assessing Fatty Infiltration in Rotator Cuff Tears

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Ms. Malone has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
James

2. Surname (Last Name)  
Whaley

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28-November-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No

5. Manuscript Title  
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Dr. Whaley 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)  Troy
2. Surname (Last Name)  Tenbrunsel
3. Date  28-November-2018
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
   Efficacy of Imaging Modalities Assessing Fatty Infiltration in Rotator Cuff Tears
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.
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 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

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

Mr. Tenbrunsel has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.