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ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>4. Are you the corresponding author?</td>
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<td>Corresponding Author's Name</td>
<td>Xinning Li, MD</td>
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Ms. Curry has nothing to disclose.

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### Identifying Information

1. Given Name (First Name)  
   Ilya

2. Surname (Last Name)  
   Voloshin

3. Date  
   24-May-2018

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
Xinning Li, MD

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Section 6. Disclosure Statement

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

Dr. Voloshin reports other from Arthrex, other from ArthroSurface, other from Innomed, other from Smith & Nephew, other from Zimmer, outside the submitted work;

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Josef

2. Surname (Last Name)  
   Eichinger

3. Date  
   24-May-2018

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author's Name  
   Xinning Li, MD

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<td>Joseph</td>
<td>Galvin</td>
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Section 1. Identifying Information

1. Given Name (First Name)  Raymond
2. Surname (Last Name)  Kenney
3. Date  24-May-2018

4. Are you the corresponding author?  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?

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Dr. Kenney has nothing to disclose.

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1. Identifying information.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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1. Given Name (First Name)  
Stephen

2. Surname (Last Name)  
Parada

3. Date  
24-May-2018

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Xinning Li, MD

5. Manuscript Title  
Superior Capsule Reconstruction for Massive Rotator Cuff Tears: What’s the Evidence?

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Xinning
2. Surname (Last Name) Li
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If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>✓</td>
<td>equity and editorial board</td>
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Dr. Li reports other from Journal of Medical Insight (JoMI), outside the submitted work; .

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