

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) Jan Pieter  
2. Surname (Last Name) Hommen  
3. Date 13-November-2022

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Irreparable rotator cuff tear treated with combined reconstruction of the superior capsule and rotator cuff

6. Manuscript Identifying Number (if you know it)

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Dr. Hommen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) John  
2. Surname (Last Name) Heifner  
3. Date 13-November-2022

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

5. Manuscript Title  
Irreparable rotator cuff tear treated with combined reconstruction of the superior capsule and rotator cuff

6. Manuscript Identifying Number (if you know it)

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Dr. Heifner has nothing to disclose.

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Jorge    Benito    13-November-2022
4. Are you the corresponding author?       Yes       No                      Corresponding Author's Name  
Jan Pieter Hommen
5. Manuscript title  
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Jan Pleter Hommen
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