

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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2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

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) William 2. Surname (Last Name) Pennington 3. Date 01-November-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Superior Capsular Reconstruction with Arthroscopic Rotator Cuff Repair in a "Functional Biologic Augmentation" Technique to Treat Massive Atrophic Rotator Cuff Tears

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

ADD

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant ?	Personal Fees ?	Non-Financial Support ?	Other ?	Comments	
Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting Fees	X
Midwest Orthopedic Specialty Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physician Owner	X
The Surgery Center at Associated Medical and Surgical Specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physician Owner	X

ADD

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 6. Disclosure Statement

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Generate Disclosure Statement

Dr. Pennington reports personal fees from Arthrex, other from Midwest Orthopedic Specialty Hospital, other from The Surgery Center at Associated Medical and Surgical Specialists, outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Steven	2. Surname (Last Name) Chen	3. Date 01-November-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name William T. Pennington
5. Manuscript Title Superior Capsular Reconstruction with Arthroscopic Rotator Cuff Repair in a "Functional Biologic Augmentation" Technique to Treat Massive Atrophic Rotator Cuff Tears		
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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Steven Chen has nothing to disclose.

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1. Given Name (First Name) Brian	2. Surname (Last Name) Bartz	3. Date 01-November-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name William T. Pennington
5. Manuscript Title Superior Capsular Reconstruction with Arthroscopic Rotator Cuff Repair in a "Functional Biologic Augmentation" Technique to Treat Massive Atrophic Rotator Cuff Tears		
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Brian Bartz has nothing to disclose.

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name William T. Pennington
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