

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 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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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Claudio

2. Surname (Last Name)  
Chillemi

3. Date  
02-May-1970

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Rotator Cuff Tear and Greater Tuberosity Cysts. Arthroscopic Transosseous Repair

6. Manuscript Identifying Number (if you know it)

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

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Dr. Chillemi 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)

Mario

2. Surname (Last Name)

Guerrisi

3. Date

28-May-1989

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Claudio Chillemi

5. Manuscript Title

Rotator Cuff Tear and Greater Tuberosity Cysts. Arthroscopic Transosseous Repair

6. Manuscript Identifying Number (if you know it)

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Dr. Guerrisi 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) Matteo	2. Surname (Last Name) Mantovani	3. Date 09-November-1979
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudio Chillemi
5. Manuscript Title Rotator Cuff Tear and Greater Tuberosity Cysts. Arthroscopic Transosseous Repair		
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?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Taylor sticher Evo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Superelastic Transosseous needle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Elite spk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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Dr. Mantovani reports In addition, Dr. Mantovani has a patent Taylor sticher Evo issued, a patent Superelastic Transosseous needle issued, and a patent Elite spk issued.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Marcello	2. Surname (Last Name) Osimani	3. Date 27-April-1979
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudio Chillemi
5. Manuscript Title Rotator Cuff Tear and Greater Tuberosity Cysts. Arthroscopic Transosseous Repair		
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Dr. Osimani has nothing to disclose.

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1. Given Name (First Name) Carlo	2. Surname (Last Name) Paglialunga	3. Date 17-August-1988
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudio Chillemi
5. Manuscript Title Rotator Cuff Tear and Greater Tuberosity Cysts. Arthroscopic Transosseous Repair		
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