

Instructions

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South 1		
Section 1. Identifying Inf	ormation	
Given Name (First Name) AMR	2. Surname (Last Name) Abdelrahman	3. Date 23-August-2019
4. Are you the corresponding author?	✓ Yes No	
 5. Manuscript Title Does fascia lata autograft provide beallograft for superior capsular record. 6. Manuscript Identifying Number (if your control of the contr	etter functional and radiological outcomes astruction in irrepairable rotator cuff tears? ou know it)	s and lower graft retear rates than dermal A systematic review
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Did you or your institution at any time any aspect of the submitted work (inclu statistical analysis, etc.)? Are there any relevant conflicts of in	ding but not limited to grants, data monitoring	government, commercial, private foundation, etc.) for board, study design, manuscript preparation,
Section 3. Relevant finance	ial activities outside the submitted w	vork.
of compensation) with entities as de	escribed in the instructions. Use one line for I report relationships that were present du	re financial relationships (regardless of amount reach entity; add as many lines as you need by ring the 36 months prior to publication.
Section 4. Intellectual Pro	perty Patents & Copyrights	
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Section 6	Disclosure Statement	
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Dr. Abdelrah	nan has nothing to disclose.	
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Given Name (First Name) Haytham	2. Surname (Last Name) Abdelazim	3. Date 23-August-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Amr Ahmed Abdelrahman
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Section 4. Intellectual Proper	ty Patents & Copyrigl	nts
Do you have any patents, whether plann	ned, pending or issued, bro	adly relevant to the work? Yes V No



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Given Name (First Name) Mohamed	2. Surname (Last Name) Sobhy		3. Date 23-August-2019
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