



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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Section 1. Identifying Information

1. 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 better functional and radiological outcomes and lower graft retear rates than dermal allograft for superior capsular reconstruction in irreparable rotator cuff tears? A systematic review

6. Manuscript Identifying Number (if you know it)

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Dr. Abdelrahman has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. 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

5. Manuscript Title

Does fascia lata autograft provide better functional and radiological outcomes and lower graft retear rates than dermal allograft for superior capsular reconstruction in irreparable rotator cuff tears? A systematic review

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Mohamed

2. Surname (Last Name)
Sobhy

3. Date
23-August-2019

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Yes No

Corresponding Author's Name
Amr Ahmed Abdelrahman

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Haitham

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Haroun

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