

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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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) Benjamin
2. Surname (Last Name) Levy
3. Date 18-February-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Analysis of Time to Form Colony Units for Connective Tissue Progenitor Cells (Stem Cells) Harvested from Concentrated Bone Marrow Aspirate and Subacromial Bursa in Patients Undergoing Rotator Cuff Repair

6. Manuscript Identifying Number (if you know it)

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Dr. Levy has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Lukas N.
2. Surname (Last Name)
Muench
3. Date
22-February-2020
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Benjamin Levy
5. Manuscript Title
Analysis of Time to Form Colony Units for Connective Tissue Progenitor Cells (Stem Cells) Harvested from Concentrated Bone Marrow Aspirate and Subacromial Bursa in Patients Undergoing Rotator Cuff Repair
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Dr. Muench has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) _____
Mark _____

2. Surname (Last Name) _____
Cote _____

3. Date _____
24-February-2020

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

5. Manuscript Title
Analysis of Time to Form Colony Units for Connective Tissue Progenitor Cells (Stem Cells) Harvested from Concentrated Bone Marrow Aspirate and Subacromial Bursa in Patients Undergoing Rotator Cuff Repair

6. Manuscript Identifying Number (if you know it) _____

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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
Arthroscopy Association of North America (AANA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthroscopy Journal

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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Mr. Cote reports personal fees from Arthroscopy Association of North America (AANA), outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Arthur

2. Surname (Last Name)
Landry IV

3. Date
20-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Benjamin Levy, M.D.

5. Manuscript Title

Analysis of Time to Form Colony Units for Connective Tissue Progenitor Cells (Stem Cells) Harvested from Concentrated Bone Marrow Aspirate and Subacromial Bursa in Patients Undergoing Rotator Cuff Repair

6. Manuscript Identifying Number (if you know it)

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Mr. Landry IV has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Colin 2. Surname (Last Name) Uyeki 3. Date 20-February-2020
4. Are you the corresponding author? Yes No Corresponding Author's Name
Ben Levy
5. Manuscript Title
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Dr. Uyeki has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mary Beth

2. Surname (Last Name)
McCarthy

3. Date
25-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Benjamin Levy

5. Manuscript Title

Analysis of Time to Form Colony Units for Connective Tissue Progenitor Cells (Stem Cells) Harvested from Concentrated Bone Marrow Aspirate and Subacromial Bursa in Patients Undergoing Rotator Cuff Repair

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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 5. Relationships not covered above

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Dr. McCarthy has nothing to disclose.

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1. Identifying information.

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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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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Augustus
2. Surname (Last Name)
Mazzocca
3. Date
26-February-2020
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Benjamin J Levy
5. Manuscript Title
Analysis of Time to Form Colony Units for Connective Tissue Progenitor Cells (Stem Cells) Harvested from Concentrated Bone Marrow Aspirate and Subacromial Bursa Tissue in Patients Undergoing Rotator Cuff Repair
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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 checked="" type="checkbox"/>	Consultant and research support

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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Dr. Mazzocca reports personal fees and non-financial support from Arthrex, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Daniel P. 2. Surname (Last Name) Berthold 3. Date 27-February-2020

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

5. Manuscript Title
Analysis of Time to Form Colony Units for Connective Tissue Progenitor Cells (Stem Cells) Harvested from Concentrated Bone Marrow Aspirate and Subacromial Bursa in Patients Undergoing Rotator Cuff Repair

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