



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lukas N

2. Surname (Last Name)
Muench

3. Date
31-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Preliminary Clinical Outcomes Following Biologic Augmentation of Arthroscopic Rotator Cuff Repair using Subacromial Bursa, Concentrated Bone Marrow Aspirate and Platelet-Rich Plasma

6. Manuscript Identifying Number (if you know it)

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Dr. Muench has nothing to disclose.

Evaluation and Feedback

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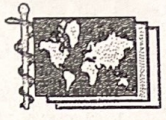
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Section 1. Identifying Information

1. Given Name (First Name)

Cameron

2. Surname (Last Name)

Kia

3. Date

31-October-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lukas N Muench

5. Manuscript Title

Preliminary Clinical Outcomes Following Biologic Augmentation of Arthroscopic Rotator Cuff Repair using Subacromial Bursa, Concentrated Bone Marrow Aspirate and Platelet-Rich Plasma

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Dr. Kia has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Daniel P. 2. Surname (Last Name) Berthold 3. Date 31-October-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lukas N Muench

5. Manuscript Title
Preliminary Clinical Outcomes Following Biologic Augmentation of Arthroscopic Rotator Cuff Repair using Subacromial Bursa, Concentrated Bone Marrow Aspirate and Platelet-Rich Plasma

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Uyeki

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Corresponding Author's Name

Lukas N Muench

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Alexander
2. Surname (Last Name)
Otto
3. Date
31-October-2019
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Lukas N Muench
5. Manuscript Title
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Dr. Otto has nothing to disclose.

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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) Mark P. 2. Surname (Last Name) Cote 3. Date 31-October-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lukas N Muench

5. Manuscript Title
Preliminary Clinical Outcomes Following Biologic Augmentation of Arthroscopic Rotator Cuff Repair using Subacromial Bursa, Concentrated Bone Marrow Aspirate and Platelet-Rich Plasma

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

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

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Mary Beth

2. Surname (Last Name)

McCarthy

3. Date

31-October-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Lukas N Muench

5. Manuscript Title

Preliminary Clinical Outcomes Following Biologic Augmentation of Arthroscopic Rotator Cuff Repair using Subacromial Bursa, Concentrated Bone Marrow Aspirate and Platelet-Rich Plasma

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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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. McCarthy 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) Robert A. 2. Surname (Last Name) Arciero 3. Date 31-October-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lukas N Muench

5. Manuscript Title
Preliminary Clinical Outcomes Following Biologic Augmentation of Arthroscopic Rotator Cuff Repair using Subacromial Bursa, Concentrated Bone Marrow Aspirate and Platelet-Rich Plasma

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex Inc. (Naples, FL)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support
Biorez Inc. (New Haven, CT)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Arciero reports grants from Arthrex Inc. (Naples, FL), personal fees from Biorez Inc. (New Haven, CT), outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Augustus D. 2. Surname (Last Name) Mazzocca 3. Date 31-October-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lukas N Muench

5. Manuscript Title
Preliminary Clinical Outcomes Following Biologic Augmentation of Arthroscopic Rotator Cuff Repair using Subacromial Bursa, Concentrated Bone Marrow Aspirate and Platelet-Rich Plasma

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex Inc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support and consulting fees

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 grants and personal fees from Arthrex Inc., outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Knut

2. Surname (Last Name)
Beitzel

3. Date
19-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lukas N. Muench

5. Manuscript Title

Preliminary Clinical Outcomes Following Biologic Augmentation of Arthroscopic Rotator Cuff Repair using Subacromial Bursa, Concentrated Bone Marrow Aspirate and Platelet-Rich Plasma

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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 Inc. (Naples, FL)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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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