

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Seungbum	2. Surname (Last Name) Chae	3. Date 20-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Patrick Denard
5. Manuscript Title Biomechanical Assessment of a Biceps Box Configuration for Superior Capsule Reconstruction		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

ADD

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

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?

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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.

Generate Disclosure Statement

Dr. Chae has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date

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Are there any relevant conflicts of interest? 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Arthrex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant	X
						ADD

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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.

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
"relating to biceps tendon as a graft"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The patent has been licensed to an entity, whether earning royalties or not. Put the name of the entity in the Entity box

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Generate Disclosure Statement

Dr. Park reports grants from Arthrex, during the conduct of the study; In addition, Dr. Park has a patent "relating to biceps tendon as a graft" issued.

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) Michelle	2. Surname (Last Name) McGarry	3. Date 20-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Patrick Denard	
5. Manuscript Title Biomechanical Assessment of a Biceps Box Configuration for Superior Capsule Reconstruction		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? Yes No

ADD

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Are there any relevant conflicts of interest? Yes No

ADD

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

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Generate Disclosure Statement

Dr. McGarry has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date

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

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Arthrex, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
						ADD

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Consultant	<input checked="" type="checkbox"/>
						ADD

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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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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
"relating to biceps tendon as a graft"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
							ADD

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Generate Disclosure Statement

Dr. Lee reports grants and non-financial support from Arthrex, Inc, during the conduct of the study; personal fees from Arthrex, Inc, outside the submitted work; In addition, Dr. Lee has a patent "relating to biceps tendon as a graft" issued.

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Section 1. Identifying Information

1. Given Name (First Name) Jae Hyuk	2. Surname (Last Name) Choi	3. Date 20-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Patrick Denard
5. Manuscript Title Biomechanical Assessment of a Biceps Box Configuration for Superior Capsule Reconstruction		
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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

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Dr. Choi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Christen	2. Surname (Last Name) Chalmers	3. Date 20-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Patrick Denard	
5. Manuscript Title Biomechanical Assessment of a Biceps Box Configuration for Superior Capsule Reconstruction	Corresponding Author's Name	
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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

ADD

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Dr. Chalmers has nothing to disclose.

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4. Are you the corresponding author? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Arthrex Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X ADD

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Arthrex Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant Royalties	X ADD

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Dr. Denard reports grants from Arthrex Inc, during the conduct of the study; personal fees and other from Arthrex Inc, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Gregory	2. Surname (Last Name) Adamson	3. Date 20-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Patrick Denard	
5. Manuscript Title Biomechanical Assessment of a Biceps Box Configuration for Superior Capsule Reconstruction		
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Dr. Adamson has nothing to disclose.

Information_Section6

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