

Section 1. Identifying Inform	nation	
Given Name (First Name)	2. Surname (Last Name)	3. Date
Martin	Davey	19-May-2020
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Eoghan Hurley
5. Manuscript Title Clinical Outcomes Following Arthrosco	pic Rotator Cuff Repair for	Traumatic Tears in Athletes
6. Manuscript identifying Number (if you k	now It)	
Section 2. The Work Under C	onsideration for Public	ation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted 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 Vo		
,		ADD
Section 4. Intellectual Prope	rty – Patents & Copyrig	hts

Davey 2

Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other related	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
below.	we disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	dosure Statement
Dr. Davey has no	thing to disclose.

Evaluation and Feedback

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

Davey 3



Section 1. Identifying Inform	atron		
Given Name (First Name)	2. Surname (Last Name)		3. Date
Eoghan	Hurley		19-May-2020
4. Are you the corresponding author?	√ Yes No		
5. Manuscript Title			
Clinical Outcomes Following Arthroscop	pic Rotator Cuff Repair for	Traumatic Tears in Athletes	;
6. Manuscript identifying Number (if you kn	ow It)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of intere	est? Yes ✓ No		ADD
Section 3. Palament floorated			
Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Us	se one line for each entity; a	dd as many lines as you need by
Are there any relevant conflicts of intere	est? Yes ✓ No		
			ADD
Section 4. Intellectual Proper	ty – Patents & Copyrig	jhts	
Do you have any patents, whether plans	ned, pending or issued, br	oadly relevant to the work?	Yes 🗸 No

Hurley 2



Section 5.	Relationships not covered above		
	relationships or activities that readers could perceive to have influenced, or that give the appearance of ending, what you wrote in the submitted work?		
Yes, the follo	Yes, the following relationships/conditions/circumstances are present (explain below):		
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest		
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Irnals may ask authors to disclose further information about reported relationships.		
Section 6.	Disclosure Statement		
below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Generate Dis	sdosure Statement		
Dr. Hurley has n	othing to disclose.		

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cqi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Hurley 3



Section 1. Identifying Inform	atíon		
Given Name (First Name)	2. Surname (Last Name)	3	. Date
John	Scanlon		9-May-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name	
4. Ale you the corresponding author:	ies V No	Eoghan Hurley	•
5. Manuscript Title		,	
Clinical Outcomes Following Arthrosco	pic Rotator Cuff Repair for	Traumatic Tears in Athletes	
6. Manuscript identifying Number (if you kn	now It)		
Cartian 2			
Section 2. The Work Under Co	onsideration for Public	ation	
Did you or your institution at any time receiung aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of intere	est? Yes V No		
			ADD
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Us	e one line for each entity; add	d as many lines as you need by
Are there any relevant conflicts of intere	est? Yes ✓ No		
			ADD
Section 4. Intellectual Proper	ty – Patents & Copyrig	hts	
intellectual Proper	ty – Patents & Copyrig	III.	
Do you have any patents, whether plans	ned, pending or issued, bro	oadly relevant to the work?	Yes 🗸 No

Scanlon 2

Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of ending, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	sdosure Statement
Dr. Scanlon 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.

Scanlon 3



Section 1. Identifying Inform	ation		
Given Name (First Name)	2. Surname (Last Name)	3. Date	
Mohamed	Gaafar	19-May-202	20
		,	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name	
		Eoghan Hurley	
5. Manuscript Title			
Clinical Outcomes Following Arthroscop	oic Rotator Cuff Repair for 1	raumatic Tears in Athletes	
6. Manuscript identifying Number (if you kn	ow It)		
Section 2. The Work Under Co	onsideration for Public	ation	
Did you or your institution at any time receil any aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of intere	st? Yes 🗸 No		
			ADD
Section 3. Delevent financial			
Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descrii clicking the "Add +" box. You should rep	bed in the instructions. Us	e one line for each entity; add as many l	lines as you need by
Are there any relevant conflicts of intere	st? Yes 🗸 No		
			ADD
Section 4. Intellectual Proper	ty – Patents & Copyrig	hts	
intellectual Proper	ty – Patents & Copyrig	nts	
Do you have any patents, whether plans	ned, pending or issued, bro	oadly relevant to the work? Yes	✓ No

Gaafar 2



Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	owing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	sdosure Statement
Dr. Gaafar has n	othing to disclose.

Evaluation and Feedback

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

Gaafar 3



Section 1. Identifying Inform	nation	
Given Name (First Name)	2. Surname (Last Name)	3. Date
Leo	Pauzenberger	19-May-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name
4. Are you the corresponding author:	ies V No	Eoghan Hurley
5. Manuscript Title		- ,
Clinical Outcomes Following Arthrosco	pic Rotator Cuff Repair for	Traumatic Tears in Athletes
6. Manuscript Identifying Number (if you ki	now It)	
Section 2. The Work Under C	onsideration for Public	ation
		a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of intere	est? Yes ✓ No	
		ADD
Section 3. Relevant financial	activities outside the s	submitted work
		ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by
		e present during the 36 months prior to publication.
Are there any relevant conflicts of interest	est? Yes 🗸 No	
		ADD
Section 4. Intellectual Proper	rty – Patents & Copyrig	hts

Pauzenberger 2

5-41-5
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):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
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. Pauzenberger 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.

Pauzenberger 3



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Hannan	2. Surname (Last Name) Mullett	3. Date 19-May-2020
4. Are you the corresponding author?		orresponding Author's Name oghan Hurley
5. Manuscript Title Clinical Outcomes Following Arthrosco	oic Rotator Cuff Repair for Tra	urnatic Tears in Athletes
6. Manuscript identifying Number (if you kn	ow It)	
Section 2.		
Did you or your institution at any time recei		on ird party (government, commercial, private foundation, etc.) for nonitoring board, study design, manuscript preparation,
statistical analysis. etc.)?	but not minted to granto, data n	contorning board, study design, manuscript preparation,
Are there any relevant conflicts of intere	st? Yes 🗸 No	
Are there any relevant conflicts of intere	sst? Yes 🗸 No	ADD
Are there any relevant conflicts of intere	st? Yes V No	
Section 3. Relevant financial Place a check in the appropriate boxes i of compensation) with entities as descri	activities outside the sub n the table to indicate wheth bed in the instructions. Use o oort relationships that were p	
Section 3. Relevant financial Place a check in the appropriate boxes i of compensation) with entities as descriclicking the "Add +" box. You should rep	activities outside the sub n the table to indicate wheth bed in the instructions. Use o oort relationships that were p	mitted work. er you have financial relationships (regardless of amount ne line for each entity; add as many lines as you need by
Section 3. Relevant financial Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	activities outside the sub n the table to indicate wheth bed in the instructions. Use o oort relationships that were p	mitted work. er you have financial relationships (regardless of amount ne line for each entity; add as many lines as you need by resent during the 36 months prior to publication. ADD

Mullett 2

Cartlan F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	dosure Statement
Dr. Mullett has n	othing to disclose.

Evaluation and Feedback

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

Mullett 3