

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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2. The work under consideration for publication.

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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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) Gregory
 2. Surname (Last Name) Colbath
 3. Date 05-June-2020

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

5. Manuscript Title
 Creating a Mechanically Expanded Autologous Biceps Graft for Biological Augmentation of Arthroscopic Rotator Cuff Repair
 – Proof of Concept Studies

6. Manuscript Identifying Number (if you know it)
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The Work Under Consideration for Publication

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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
 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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Currently submitting for biceps meshing process

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Section 5. Relationships not covered above

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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. Colbath reports In addition, Dr. Colbath has a patent Method pending.

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) Allison
2. Surname (Last Name) Welch Murray
3. Date 04-May-2020

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

5. Manuscript Title
Creating a Mechanically Expanded Autologous Biceps Graft for Biological Augmentation of Arthroscopic Rotator Cuff Repair
– Proof of Concept Studies

6. Manuscript Identifying Number (if you know it)
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Dr. Welch Murray 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) Sandra
2. Surname (Last Name) Siatkowski
3. Date 04-May-2020

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

5. Manuscript Title
Creating a Mechanically Expanded Autologous Biceps Graft for Biological Augmentation of Arthroscopic Rotator Cuff Repair
– Proof of Concept Studies

6. Manuscript Identifying Number (if you know it)
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Dr. Siatkowski 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) Taylor
2. Surname (Last Name) Pate
3. Date 04-May-2020

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

5. Manuscript Title
Creating a Mechanically Expanded Autologous Biceps Graft for Biological Augmentation of Arthroscopic Rotator Cuff Repair
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6. Manuscript Identifying Number (if you know it)
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2. Surname (Last Name) Krussig
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Jeremy J. Mercuri
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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Stephan
2. Surname (Last Name) Pill
3. Date 18-May-2020
4. Are you the corresponding author? Yes No Corresponding Author's Name
Jeremy J. Mercuri
5. Manuscript Title
Creating a Mechanically Expanded Autologous Biceps Graft for Biological Augmentation of Rotator Cuff Repair – Proof of
Concept Studies
6. Manuscript Identifying Number (if you know it)
N/A

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

Section 3.

Relevant financial activities outside the submitted work.

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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



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):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Pill has nothing to disclose.

Evaluation and Feedback

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Instructions

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3. Relevant financial activities outside the submitted work.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

- Given Name (First Name)
Richard
- Surname (Last Name)
Hawkins
- Date
18-May-2020
- Are you the corresponding author?
 Yes No
Corresponding Author's Name
Jeremy J. Mercuri
- Manuscript Title
Creating a Mechanically Expanded Autologous Biceps Graft for Biological Augmentation of Rotator Cuff Repair – Proof of Concept Studies
- Manuscript Identifying Number (if you know it)
N/A

Section 2.

The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3.

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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

Section 5.

Relationships not covered above

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Section 6.

Disclosure Statement

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Dr. Hawkins reports grants from National Institutes of Health, during the conduct of the study; other from Arthrex, outside the submitted work.

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4. Intellectual Property.

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Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name) John
2. Surname (Last Name) Tokish
3. Date 05-June-2020

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

5. Manuscript Title
Creating a Mechanically Expanded Autologous Biceps Graft for Biological Augmentation of Rotator Cuff Repair – Proof of Concept Studies
6. Manuscript Identifying Number (if you know it)
N/A

Section 2.

The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3.

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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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Dr. Tokish has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

- Given Name (First Name)
Jeremy
- Surname (Last Name)
Mercuri
- Date
05-June-2020
- Are you the corresponding author?
 Yes No
Corresponding Author's Name
Jeremy J. Mercuri
- Manuscript Title
Creating a Mechanically Expanded Autologous Biceps Graft for Biological Augmentation of Arthroscopic Rotator Cuff Repair – Proof of Concept Studies
- Manuscript Identifying Number (if you know it)
N/A

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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
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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
Samaritan Biologics, LLC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Integra Life Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zimmer Biomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Dr. Mercuri reports grants from National Institutes of Health, during the conduct of the study; grants and non-financial support from Samaritan Biologics, LLC; grants from Integra Life Sciences, grants from Zimmer Biomet, outside the submitted work; .

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