ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name: Thomas  
2. Surname: Amouyel  
3. Are you the corresponding author? Yes  
4. Effective Date: 22/02/2017  
5. Manuscript Title: Arthroscopic Biceps Tenodesis Using Interference Screw Fixation in the Bicipital Groove

Section 2. The Work Under Consideration for Publication

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

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

1. Grant
   X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments†___

2. Consulting fee or honorarium
   __X__ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments†___

3. Support for travel to meetings for the study or other purposes
   __X__ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments†___

4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like
   __X__ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments†___

5. Payment for writing or reviewing the manuscript
   __X__ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments†___

6. Provision of writing assistance, medicines, equipment, or administrative support
   __X__ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments†___

7. Other
   __X__ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments†___

* This means money that your institution received for your efforts on this study.
† Use this section to provide any needed explanation.
**Section 3. Relevant financial activities outside the submitted work**

1. Board membership  
   - No  
   - Yes, money paid to you  
   - Yes, money paid to institution*  
   - Name of entity  
   - Comments  

2. Consultancy  
   - No  
   - Yes, money paid to you  
   - Yes, money paid to institution*  
   - Name of entity  
   - Comments  

3. Employment  
   - No  
   - Yes, money paid to you  
   - Yes, money paid to institution*  
   - Name of entity  
   - Comments  

4. Expert testimony  
   - No  
   - Yes, money paid to you  
   - Yes, money paid to institution*  
   - Name of entity  
   - Comments  

5. Grants/grants pending  
   - No  
   - Yes, money paid to you  
   - Yes, money paid to institution*  
   - Name of entity  
   - Comments  

6. Payment for lectures including service on speakers bureaus  
   - No  
   - Yes, money paid to you  
   - Yes, money paid to institution*  
   - Name of entity  
   - Comments  

7. Payment for manuscript preparation  
   - No  
   - Yes, money paid to you  
   - Yes, money paid to institution*  
   - Name of entity  
   - Comments  

8. Patents (planned, pending or issued)  
   - No  
   - Yes, money paid to you  
   - Yes, money paid to institution*  
   - Name of entity  
   - Comments  

9. Royalties  
   - No  
   - Yes, money paid to you  
   - Yes, money paid to institution*  
   - Name of entity  
   - Comments  

10. Payment for development of educational presentations  
    - No  
    - Yes, money paid to you  
    - Yes, money paid to institution*  
    - Name of entity  
    - Comments  

11. Stock/stock options  
    - No  
    - Yes, money paid to you  
    - Yes, money paid to institution*  
    - Name of entity  
    - Comments  

12. Travel/accommodations/meeting expenses unrelated to activities listed**  
    - No  
    - X  
    - Yes, money paid to you  
    - X  
    - Yes, money paid to institution*  
    - Name of entity  
    - Arthrex  
    - Comments  

13. Other (err on the side of full disclosure)  
    - No  
    - Yes, money paid to you  
    - Yes, money paid to institution*  
    - Name of entity  
    - Comments  

* Name of institution  
** Name of institution
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

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?

_ X_ No other relationships/conditions/circumstances that present a potential conflict of interest

____ Yes, the following relationships/conditions/circumstances are present (explain below):


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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name: Nicolas   2. Surname: Tarissi
3. Are you the corresponding author? No
4. Effective Date: 22/02/2017
5. Manuscript Title: Arthroscopic Biceps Tenodesis Using Interference Screw Fixation in the Bicipital Groove

Section 2. The Work Under Consideration for Publication

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Section 3. Relevant financial activities outside the submitted work

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2. Consultancy
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3. Employment
   _X_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity ___ Comments___

4. Expert testimony
   _X_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity ___ Comments___

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7. Payment for manuscript preparation
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8. Patents (planned, pending or issued)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name _Mo_______________________ 2. Surname _SAFFARINI___________________
3. Are you the corresponding author?  No
4. Effective Date  _22 February 2017________________
5. Manuscript Title :  Arthroscopic Biceps Tenodesis Using Interference Screw Fixation in the Bicipital Groove

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name : Yves Pierre
2. Surname : Le Moulec
3. Are you the corresponding author? No
4. Effective Date : 22/02/2017
5. Manuscript Title : Arthroscopic Biceps Tenodesis Using Interference Screw Fixation in the Bicipital Groove

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Section 1. Identifying Information

1. Given Name __________ Olivier ______ 2. Surname _______________ Courage ____________
3. Are you the corresponding author? No
4. Effective Date 22/02/2017 _____________________________
5. Manuscript Title: Arthroscopic Biceps Tenodesis Using Interference Screw Fixation in the Bicipital Groove

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   Comments†___

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2. Consultancy
   ___No _X__ Yes, money paid to you __X_ Yes, money paid to institution* Name of entity_Arthrex___ Comments___

3. Employment
   _X__ No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

4. Expert testimony
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    __X__ No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

11. Stock(stock options)
    __X__ No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___
12. Travel/accommodations/ meeting expenses unrelated to activities listed**

___No  _X__ Yes, money paid to you  ___X__ Yes, money paid to institution* Name of entity Arthrex_
Comments___

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