ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Tyler
2. Surname (Last Name)  Gardner
3. Date  21-April-2022
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Augmentation of Arthroscopic Rotator Cuff Repair with Cannulated Dermal Allograft implant

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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Dr. Gardner has nothing to disclose.

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)  Cameron
2. Surname (Last Name)  Thomson
3. Date  21-April-2022
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Tyler Gardner
5. Manuscript Title
   Augmentation of Arthroscopic Rotator Cuff Repair with Cannulated Dermal Allograft Implant
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication
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Are there any relevant conflicts of interest?  Yes  No

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Section 4. Intellectual Property -- Patents & Copyrights
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Dr. Thomson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jorge

2. Surname (Last Name)  
   Figueras

3. Date  
   21-April-2022

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author's Name  
   Tyler Gardner

5. Manuscript Title  
   Augmentation of Arthroscopic Rotator Cuff Repair with Cannulated Dermal Allograft Implant

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Are there any relevant conflicts of interest?  
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Add

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Generate Disclosure Statement

Jorge Figueras has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)    Brian
2. Surname (Last Name)        Johnson
3. Date                       21-April-2022
4. Are you the corresponding author?  Yes  ☑ No

Corresponding Author’s Name
Tyler Gardner

5. Manuscript Title
Augmentation of Arthroscopic Rotator Cuff Repair with Cannulated Dermal Allograft Implant

6. Manuscript Identifying Number (if you know it)

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Brian Johnson has nothing to disclose.

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Grawe

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ADD

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Yes ☑ No

If yes, please fill out the appropriate information below.

<table>
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<th>Non-Financial Support?</th>
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Yes ☐ No ☑
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