ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name: ______ 2. Surname: ______
3. Are you the corresponding author? Yes [ ] No [X]
4. Effective Date: ______
5. Manuscript Title: ______

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…)?

No

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] Yes, money paid to you ______ Yes, money paid to institution* Name of entity ______
   Comments†____

2. Consulting fee or honorarium
   [X] 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] 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] Yes, money paid to you ______ Yes, money paid to institution* Name of entity ______
   Comments†____

5. Payment for writing or reviewing the manuscript
   [X] 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] Yes, money paid to you ______ Yes, money paid to institution* Name of entity ______
   Comments†____

7. Other
   [X] Yes, money paid to you ______ Yes, money paid to institution* Name of entity ______
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Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author’s completed form must then be uploaded with the manuscript.

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 in four parts:

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Enter your full name and provide the manuscript title.

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Section 3. Relevant financial activities outside the submitted work

This section asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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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
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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 ____ Yes, money paid to you ____ Yes, money paid to institution* Name of entity ____ 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____
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___ No other relationships/conditions/circumstances that present a potential conflict of interest

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

The International Committee of Medical Journal Editors

The ICMJE Disclosure of Potential Conflicts of Interest Form was adopted by Arthroscopy: The Journal of Arthroscopic and Related Surgery along with 17 other leading orthopaedic journals at the 2011 annual meeting of the American Academy of Orthopaedic Surgeons.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name: Erik  
2. Surname: Stapleton  
3. Are you the corresponding author? Yes _X_ No __  
4. Effective Date: 04/26/2022  
5. Manuscript Title: Simple soft tissue biceps tenodesis

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...)?

_X_ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name: Irene _2. Surname: Ghobrial
6. Are you the corresponding author? Yes _No _
7. Effective Date: 4/26/2022
8. Manuscript Title: Simple soft tissue biceps tenodesis

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…)?
X No

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15. Consultancy
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16. Employment
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments ___
17. Expert testimony
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments ___
18. Grants/grants pending
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19. Payment for lectures including service on speakers bureaus
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20. Payment for manuscript preparation
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21. Patents (planned, pending or issued)
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments ___
22. Royalties
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23. Payment for development of educational presentations
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25. Travel/accommodations/ meeting expenses unrelated to activities listed**
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