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.

1. **Identifying information.**

2. **The work under consideration for publication.**

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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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- **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)  Patrick
2. Surname (Last Name)  Denard
3. Date  03-June-2022
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
A Technique for a Suture-Based Cable Reconstruction of an Irreparable Posterosuperior Rotator Cuff Tear

6. Manuscript Identifying Number (if you know it)

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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<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Arthrex Inc</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>Grant, Consultant, Royalties outside of this work</td>
</tr>
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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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Section 6. Disclosure Statement

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Dr. Denard reports grants and personal fees from Arthrex Inc, from null, outside the submitted work.

Evaluation and Feedback

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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
## Section 1. Identifying Information

1. Given Name (First Name)  
   Ignacio  
2. Surname (Last Name)  
   Pasqualini  
3. Date  
   03-June-2022  
4. Are you the corresponding author?  
   ✔ No  
5. Manuscript Title  
   A Technique for a Suture-Based Cable Reconstruction of an Irreparable Posterosuperior Rotator Cuff Tear  
6. Manuscript Identifying Number (if you know it)

## 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?  
   ✔ No

## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   ✔ No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ No
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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Pasqualini has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Christopher
2. Surname (Last Name) Adams
3. Date 03-June-2022
4. Are you the corresponding author? Yes No
5. Manuscript Title A Technique for a Suture-Based Cable Reconstruction of an Irreparable Posterosuperior Rotator Cuff Tear
6. Manuscript Identifying Number (if you know it)

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<td></td>
<td></td>
<td>Paid Employment</td>
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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.
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Dr. Adams reports  In addition, Dr. Adams has a patent Rotator Cable Reconstruction pending.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Brady

3. Date  
   03-June-2022

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Patrick Denard

5. Manuscript Title  
   A Technique for a Suture-Based Cable Reconstruction of an Irreparable Posterosuperior Rotator Cuff Tear

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Are there any relevant conflicts of interest?  
☑ Yes  ☑ No

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<td>☑</td>
<td>☑</td>
<td></td>
<td></td>
<td>royalties and consultant</td>
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Dr. Brady reports personal fees from Arthrex, inc., outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)  Justina
2. Surname (Last Name)  Heidenthal
3. Date  03-June-2022
4. Are you the corresponding author?  No  ✔
5. Manuscript Title
   A Technique for a Suture-Based Cable Reconstruction of an Irreparable Posterosuperior Rotator Cuff Tear
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