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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   GIOVANNI

2. Surname (Last Name)  
   TISO

3. Date  
   10-June-2022

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

5. Manuscript Title  
   FAST ARTHROSCOPIC BICEPS TENODESIS WITHOUT PENETRATING GRASPER

6. Manuscript Identifying Number (if you know it)
   

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Dr. TISO has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   INAKI

2. Surname (Last Name)  
   MEDIAVILLA

3. Date  
   10-June-2022

4. Are you the corresponding author?  
   Yes  No  
   Corresponding Author's Name  
   GIOVANNI TISO

5. Manuscript Title  
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Dr. MEDIAVILLA has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tbody>
<tr>
<td>CESAR</td>
<td>HERNANDEZ</td>
<td>10-June-2022</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes
   - No

Corresponding Author's Name: GIOVANNI TISO

5. Manuscript Title
   - FAST ARTHROSCOPIC BICEPS TENODESIS WITHOUT PENETRATING GRASPER

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   **MIKEL**

2. Surname (Last Name)  
   **ARAMBERRI**

3. Date  
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   - [ ] Yes  
   - [x] No

   **Corresponding Author's Name**  
   **GIOVANNI TISO**

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