

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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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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Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Max

2. Surname (Last Name)
Seiter

3. Date
07-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Dr. Peter J. Millett

5. Manuscript Title
Clinical Outcomes of Rotator Cuff Repair in Athletes

6. Manuscript Identifying Number (if you know it)
AOJ-2020-RCT-04(AOJ-20-40)

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Seiter 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)
Philip-Christian

2. Surname (Last Name)
Nolte

3. Date
06-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dr. Peter J. Millett

5. Manuscript Title
Clinical Outcomes of Rotator Cuff Repair in Athletes

6. Manuscript Identifying Number (if you know it)
AOJ-2020-RCT-04(AOJ-20-40)

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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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship supported by Arthrex.

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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Dr. Nolte reports personal fees from Arthrex, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Bryant	2. Surname (Last Name) Elrick	3. Date 07-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Peter J. Millett
5. Manuscript Title Clinical Outcomes of Rotator Cuff Repair in Athletes		
6. Manuscript Identifying Number (if you know it) AOJ-2020-RCT-04(AOJ-20-40)		

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Mr. Elrick has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Peter J.

2. Surname (Last Name)
Millett

3. Date
07-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Clinical Outcomes of Rotator Cuff Repair in Athletes

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Are there any relevant conflicts of interest? Yes No

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Arthrex, Inc	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant/royalties/grants/institution receives funding
Smith & Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Institution receives funding
Siemens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Institution receives funding
Össur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Institution receives funding
Medibridge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant/royalties
Springer Publishing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant/royalties
VuMedi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock

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Dr. Millett reports grants, personal fees and other from Arthrex, Inc, other from Smith & Nephew, other from Siemens, other from Össur, personal fees from Medibridge, personal fees from Springer Publishing, other from VuMedi, outside the submitted work; .

Evaluation and Feedback

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