

#### **Instructions**

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Royalties: Funds are coming in to you or your institution due to your

patent

Moosmayer 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fii Stefan	rst Name)	2. Surname (Last Nam Moosmayer	<u>e</u> )		3. Date 20-March-2	014	
4. Are you the cor	responding author?	✓ Yes No					
5. Manuscript Title Tendon repair ve a five-year follow	ersus physiotherapy in t	the treatment of rotato	or cuff tears – a ı	randomized c	ontrolled stud	y in 103 cases witl	h
6. Manuscript Ider JBJS-D-13-01393	ntifying Number (if you kn BR2	ow it)					
Section 2.	The Work Under Co	onsideration for Pu	blication				
	stitution <b>at any time</b> recei ubmitted work (including etc.)?						.) for
•	evant conflicts of intere						
	out the appropriate info be removed by pressing		have more thar	n one entity p	ress the "ADD"	button to add a r	row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support	Other? Co	omments		
South-Eastern Norwa Authority	y Regional Health	<b>✓</b>					
Section 3.	Relevant financial	activities outside tl	ne submitted	work.			
of compensation clicking the "Add	the appropriate boxes i ı) with entities as descri I +" box. You should rep	bed in the instructions port relationships that	s. Use one line fo were <b>present d</b>	or each entity	; add as many l	lines as you need	
Are there any rel	evant conflicts of intere	est? Yes V	0				
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Section 4.	Intellectual Proper	ty Patents & Cop	yrights				
Do you have any	patents, whether plani	ned, pending or issued	l, broadly releva	ant to the wor	k? Yes	✓ No	

Moosmayer 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Moosmayer reports grants from South-Eastern Norway Regional Health Authority, during the conduct of the study; .

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Moosmayer 3



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Sire Seljom 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Unni	2. Surname (Last Name) Sire Seljom		3. Date 20-March-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author	or's Name
<ol><li>Manuscript Title Tendon repair versus physiotherapy in t a five-year follow-up</li></ol>	he treatment of rotator cu	uff tears – a randomizo	ed controlled study in 103 cases with
6. Manuscript Identifying Number (if you kn JBJS-D-13-01393R2	ow it)	_	
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Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intereing If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants, da st?  Yes  No rmation below. If you hav	ta monitoring board, sto	udy design, manuscript preparation,
Name of Institution/Company	Grant? Personal Nor	n-Financial Other?	Comments
South-Eastern Norway Regional Health Authority	<b>✓</b>		
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Us oort relationships that wer	e one line for each er	ntity; add as many lines as you need by
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Section 4. Intellectual Proper	ty Patents & Copyric	jhts	
Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the	work? Yes V

Sire Seljom 2



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Hennig 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Toril	2. Surname (Last Name) Hennig		3. Date 20-March-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name
<ol><li>Manuscript Title Surgical treatment versus physiotherap with a five-year follow-up</li></ol>	y in the treatment of rotat	or cuff tears - a rando	mized controlled study in 103 cases
6. Manuscript Identifying Number (if you kn JBJS-D-13-01393R2	ow it)	_	
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Name of Institution/Company	Grant? Personal Nor	n-Financial Other?	Comments
South-Eastern Norway Regional Health Authority	<b>✓</b>		
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Are there any relevant connicts of filtere	.st: [165 <b>V</b> 140		
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Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the	work? Yes V

Hennig 2



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Svege 1



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1. Given Name (First Name) Ida	2. Surname (Last Name) Svege		3. Date 20-March-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autho	or's Name
<ol><li>Manuscript Title Tendon repair versus physiotherapy in t a five-year follow-up</li></ol>	he treatment of rotator cu	uff tears – a randomize	ed controlled study in 103 cases with
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South-Eastern Norway Regional Health Authority	<b>✓</b>		
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Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the	work? Yes V No

Svege 2



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Smith 1



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1. Given Name (Fi Hans-Jørgen	rst Name)	2. Surname (Last Name) Smith	3. Date 20-March-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Stefan Moosmayer
5. Manuscript Title Tendon repair ve five-year follow-	ersus physiotherapy in t	the treatment of rotator co	uff tears - a randomized controlled study in 103 cases with a
6. Manuscript Ider JBJS-D-13-01393	ntifying Number (if you kr R2	ow it)	
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Do you have any			roadly relevant to the work? Yes V No

Smith 2



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Dr. Smith has nothing to disclose.

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# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Lund 1



Section 1. Identifying Information	ation		
1. Given Name (First Name) Gerty	2. Surname (Last Name) Lund		3. Date 20-March-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name
<ol><li>Manuscript Title Surgical treatment versus physiotherapy with a five-year follow-up</li></ol>	<i>i</i> in the treatment of rotat	or cuff tears - a rando	mized controlled study in 103 cases
6. Manuscript Identifying Number (if you kno JBJS-D-13-01393R2	ow it)	_	
Section 2. The Work Under Co	nsideration for Public	ation	
Did you or your institution <b>at any time</b> receivany aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interest fyes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants, da st?  Yes  No rmation below. If you hav	ta monitoring board, stu	udy design, manuscript preparation,
Name of Institution/Company	Grant? Personal Nor	n-Financial Other?	Comments
South-Eastern Norway Regional Health Authority	<b>✓</b>		
Section 3. Relevant financial a	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interests.	oed in the instructions. Us ort relationships that wer	e one line for each en	itity; add as many lines as you need by
Continue A			
Section 4. Intellectual Propert	ty Patents & Copyrig	hts	
Do you have any patents, whether plann	ed, pending or issued, br	oadly relevant to the	work? Yes Vo

Lund 2



Section 5. Relationships not covered above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Lund reports grants from South-Eastern Norway Regional Health Authority, during the conduct of the study; .

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Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Lund 3



#### **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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Haldorsen 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Benjamin	2. Surname (Last Name) Haldorsen		3. Date 20-March-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title Surgical treatment versus physiotherapy with a five-year follow-up	/ in the treatment of rotat	or cuff tears - a rando	mized controlled study in 103 cases
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Name of Institution/Company	Grant? Personal Nor	n-Financial other?	Comments
South-Eastern Norway Regional Health Authority	<b>✓</b>		
Section 3. Relevant financial a	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	oed in the instructions. Us ort relationships that wer	e one line for each en	itity; add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyrig	jhts	
Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the	work? Yes 🗸 No

Haldorsen 2



Section 5. Polationships not sovered above				
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Pripp 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Pripp	3. Date 20-March-2014		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Stefan Moosmayer		
with a five-year f	nt versus physiotherap follow-up ntifying Number (if you kr		or cuff tears - a randomized controlled study in 103 cases		
Section 2. The Work Under Consideration for Publication					
Did you or your institution <b>at any time</b> 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? Yes Vo					
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo					
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No		

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Dr. Pripp has nothing to disclose.

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