

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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4. Intellectual Property.

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

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Other: Anything not covered under the previous three boxes

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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)
Brandon

2. Surname (Last Name)
Brown

3. Date
15-September-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Christopher Schmidt

5. Manuscript Title
Factors that Determine Supination Strength Following Distal Biceps Repair

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Brown has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Carmen	2. Surname (Last Name) Latona	3. Date 15-September-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christopher C. Schmidt
5. Manuscript Title Factors that Determine Supination Strength Following Distal Biceps Repair		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Latona has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Miller

3. Date
15-September-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Christopher Schmidt

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

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Section 1. Identifying Information

1. Given Name (First Name) Lars	2. Surname (Last Name) Qvick	3. Date 15-September-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christopher C. Schmidt
5. Manuscript Title Factors that Determine Supination Strength Following Distal Biceps Repair		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Qvick has nothing to disclose.

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1. Given Name (First Name)
Christopher

2. Surname (Last Name)
Schmidt

3. Date
15-September-2015

4. Are you the corresponding author? ☒ 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 Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant 1/15/15

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. Schmidt reports other from Arthrex Inc., outside the submitted work; .

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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

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Section 1. Identifying Information

1. Given Name (First Name)
Rafal

2. Surname (Last Name)
Stacowicz

3. Date
15-September-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Christopher C. Schmidt

5. Manuscript Title
Factors that Determine Supination Strength Following Distal Biceps Repair

6. Manuscript Identifying Number (if you know it)

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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.)?

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

Dr. Stacowicz has nothing to disclose.

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