

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
David

2. Surname (Last Name)
Ding

3. Date
06-December-2013

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Laith M. Jazrawi

5. Manuscript Title
The Biceps Tendon: From Proximal to Distal

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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Dr. Ding has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Eric

2. Surname (Last Name)

Strauss

3. Date

09-December-2013

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Laith M. Jazrawi

5. Manuscript Title

The Biceps Tendon: From Proximal to Distal

6. Manuscript Identifying Number (if you know it)

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Dr. Strauss has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Dylan	2. Surname (Last Name) Lowe	3. Date 09-December-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Laith M. Jazrawi
5. Manuscript Title The Biceps Tendon: From Proximal to Distal		
6. Manuscript Identifying Number (if you know it) 		

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Laith

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Jazrawi

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09-December-2013

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Garret

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Garofolo

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05-May-2014

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☐ Yes

☒ No

Corresponding Author's Name

David Ding, MD

5. Manuscript Title

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