

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)
John

2. Surname (Last Name)
Dunn

3. Date
24-January-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Brian R. Waterman

5. Manuscript Title
Return to Function, Complication, and Re-operation Rates Following Primary Pectoralis Major Tendon Repair in Military Servicemembers

6. Manuscript Identifying Number (if you know it)

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Dr. Dunn has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Nicholas

2. Surname (Last Name)
Kusnezov

3. Date
24-January-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Brian R. Waterman

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

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1. Given Name (First Name)
Drew

2. Surname (Last Name)
Nute

3. Date
24-January-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Brian R. Waterman

5. Manuscript Title
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Brian

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Waterman

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24-January-2016

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