

#### **Instructions**

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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

Galatz 1



Section 1. Identifying Inforn	nation		
1. Given Name (First Name) Leesa	2. Surname (Last Name) Galatz		3. Date 22-January-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's N Jay D. Keener, MD	lame
5. Manuscript Title Longitudinal Survivorship of Asymptor	natic Degenerative Rotato	r Cuff Tears: A Prospective	e Evaluation
6. Manuscript Identifying Number (if you k	now it)		
		_	
Section 2. The Work Under C	onsideration for Public	ration	
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)?	g but not limited to grants, da		
Are there any relevant conflicts of inter- If yes, please fill out the appropriate inf		ye more than one entity nr	ress the "ADD" hutton to add a row
Excess rows can be removed by pressing	•		button to dua a row.
Name of Institution/Company	Grant'	n-Financial other? Co	omments
NIH	<b>✓</b>		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us	se one line for each entity;	; add as many lines as you need by
Are there any relevant conflicts of inter	· ·		
If yes, please fill out the appropriate inf	ormation below.		
Name of Entity	Grant'	n-Financial other? Co	omments
VIH			

Galatz 2



Section 4.	Intellectual Property Patents & Copyrights
Do you have any	y patents, whether planned, pending or issued, broadly relevant to the work? Yes V No
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	owing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the ab below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box

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Galatz 3



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Keener 1



Section 1. Identifyir	ng Information	
1. Given Name (First Name) Jay	2. Surname (Last Name) Keener	3. Date 22-January-2014
4. Are you the corresponding au	ıthor? ✓ Yes No	
5. Manuscript Title Longitudinal Survivorship of	Asymptomatic Degenerative Rotator Cuff	Tears: A Prospective Evaluation
6. Manuscript Identifying Numb	er (if you know it)	
Section 2. The Work	Under Consideration for Publication	n
	k (including but not limited to grants, data mo	d party (government, commercial, private foundation, etc.) for nitoring board, study design, manuscript preparation,
•	opriate information below. If you have mo	re than one entity press the "ADD" button to add a row.
Name of Institution/Compa	ny Grant Personal Non-Fina Fees Suppo	Other•   Comments
NIH		
Section 3. Relevant	financial activities outside the subm	itted work.
of compensation) with entities	es as described in the instructions. Use one	you have financial relationships (regardless of amount line for each entity; add as many lines as you need by sent during the 36 months prior to publication.
Are there any relevant conflic	ts of interest? Yes No	
If yes, please fill out the appro	priate information below.	
Name of Entity	Grant? Personal Non-Fina Fees? Suppo	Other•   Comments
NIH		

Keener 2



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Patton 1



Section 1. Identifying Inf	ormation	
1. Given Name (First Name) Rebecca	2. Surname (Last Name) Patton	3. Date 21-January-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name  Jay D. Keener, MD
5. Manuscript Title Longitudinal Survivorship of Asym	ptomatic Degenerative Rotato	r Cuff Tears: A Prospective Evaluation
6. Manuscript Identifying Number (if y	ou know it)	
Section 2. The Work Under	er Consideration for Public	cation
	uding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Relevant finan	cial activities outside the s	submitted work.
of compensation) with entities as d clicking the "Add +" box. You shoul	escribed in the instructions. Used report relationships that were	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of i	nterest? Yes ✓ No	
Section 4. Intellectual Pro		
Intellectual Pro	operty Patents & Copyric	ghts
Do you have any patents, whether	planned, pending or issued, br	roadly relevant to the work? Yes V No

Patton 2



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Ms. Patton has nothing to disclose.

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Steger-May 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fii Karen	rst Name)	2. Surname Steger-May				3. Date 17-Januar	y-2014	
4. Are you the cor	responding author?	Yes	<b>√</b> No	Correspon Jay D. Kee	ding Author's ener, MD	s Name		
5. Manuscript Title Longitudinal Sur	e vivorship of Asymptom	atic Degene	rative Rotato	or Cuff Tears:	A Prospecti	ive Evaluation		
6. Manuscript Ider	ntifying Number (if you kn	ow it)						
Section 2.	The Work Under Co	nsideratio	n for Publi	ication				
any aspect of the s statistical analysis, Are there any rele If yes, please fill c	titution <b>at any time</b> recei ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	but not limite  st?  Yes  rmation belo the "X" butt	d to grants, d  No ow. If you ha	ata monitoring	g board, stud	ly design, manus	cript preparation,	
Name of Institut	ion/Company	Grant	_	n-Financial Support	Other?	Comments		
National Institutes of	Health	<b>✓</b>						
Section 3.	Relevant financial	activities o	utside the	submitted	work.			
of compensation clicking the "Add Are there any rele	the appropriate boxes in the appropriate boxes in the second with entities as descript on the second repeted and conflicts of interest of the second repeted and conflicts of interest on the second repeted repeted and conflicts of the second repeted repet	oed in the insort relations	structions. U hips that we	lse one line f	or each enti	ty; add as many	y lines as you nee	d by
Section 4.	Intellectual Proper	ty Patent	s & Copyri	ghts				
Do you have any	patents, whether plans	ned, pending	or issued, b	roadly releva	ant to the w	ork? Yes	✓ No	

Steger-May 2



Section 5. Polationships not severed above
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Section 6
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Ms. Steger-May reports grants from National Institutes of Health, during the conduct of the study; .

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Steger-May 3



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Stobbs Cucchi 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Georgia	rst Name)	2. Surname (Last Name) Stobbs Cucchi		. Date 7-February-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Jay D. Keener, MD	2
5. Manuscript Title Longitudinal Sur		natic Degenerative Rotato	r Cuff Tears: A Prospective Eva	aluation
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under C	onsideration for Publi	cation	
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, comn ata monitoring board, study desig	mercial, private foundation, etc.) for gn, manuscript preparation,
	ı			
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add	ı) with entities as descr	ibed in the instructions. Us port relationships that we	•	ionships (regardless of amount d as many lines as you need by nths prior to publication.
	ı			
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Do you have any	patents, whether plan	ned, pending or issued, bi	roadly relevant to the work?	☐ Yes 🗸 No

Stobbs Cucchi 2



Section 5.	
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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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

Teefey 1



Section 1. Identifying Inform	ation			
Identifying Inform	ation			
1. Given Name (First Name) Sharlene	2. Surname (Last Name) Teefey		3. Date 21-January-2014	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho Jay D Keener, MD	r's Name	
5. Manuscript Title Longitudinal Survivorship of Asymptom	natic Rotator Cuff Tears: A	Prospective Evaluation	า	
6. Manuscript Identifying Number (if you kn	ow it)			
Section 2. The Work Under Co	onsideration for Public	ation		
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing Name of Institution/Company	est? Yes No ormation below. If you have the "X" button.  Grant? Personal Nor	ta monitoring board, stu	dy design, manuscript preparation,	
NIH	✓			
C. divid				
Section 3. Relevant financial	activities outside the s	ubmitted work.		
Place a check in the appropriate boxes i of compensation) with entities as descriclicking the "Add +" box. You should repart there any relevant conflicts of interesting the second control of the sec	bed in the instructions. Us port relationships that wer est?	e one line for each en	tity; add as many lines as you need	
Name of Entity	Grant	n-Financial other?	Comments	
NIH .	✓			

Teefey 2



Section 4.	Intellectual Property Patents & Copyrights
Do you have any	patents, whether planned, pending or issued, broadly relevant to the work? Yes V
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
On occasion, jou	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box

### **Evaluation and Feedback**

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$ 

Teefey 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.

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

Yamaguchi 1



Section 1.	Identifying Inform	nation				
1. Given Name (First Name) Ken		2. Surname (Last Nar Yamaguchi	me)	3. Date 23-January-2014		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Jay D. Keene	g Author's Name r, MD		
5. Manuscript Title Longitudinal Survivorship of Asymptomatic Degenerative Rotator Cuff Tears: A Prospective Evaluation						
6. Manuscript Identifying Number (if you know it)						
Section 2.	The Work Under C	onsideration for P	ublication			
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grar		vernment, commercial, private foundation, etc.) for pard, study design, manuscript preparation,		
Section 3.	Relevant financial	activities outside	the submitted wo	ork.		
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  No  If yes, please fill out the appropriate information below.						
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	ther? Comments		
rimmer				royalties related to a total shoulder		
ornier				royalties related to a total elbow		
National Institutes of	Health			NIH RO1 regarding the natural history of rotator cuff disorders.		
Section 4.	Intellectual Proper	rty Patents & Co	pyrights			
Do you have any	patents, whether plan	ned, pending or issue	ed, broadly relevant	to the work? Yes V No		

Yamaguchi 2



Section 5.	
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Recieved \$20K as	s a monetary award related to the Ann Donnor Vaughn Kappa Delta Award for the ORS/AAOS.
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
	onal fees from zimmer, personal fees from Tornier, grants from National Institutes of Health, outside the and Recieved \$20K as a monetary award related to the Ann Donnor Vaughn Kappa Delta Award for the

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Yamaguchi 3



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

patent

Middleton 1



Section 1. Identifying Inform	nation					
Given Name (First Name) William	2. Surname (Last Name) Middleton	3. Date 17-January-2014				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Jay D. Keener, MD				
5. Manuscript Title Longitudinal Survivorship of Asymptor	matic Degenerative Rotato	r Cuff Tears: A Prospective Evaluation				
6. Manuscript Identifying Number (if you know it)						
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						
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Section 4. Intellectual Prope	rty Patents & Copyri	ghts				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Middleton 2



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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?				
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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. Middleton has nothing to disclose.				

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