

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.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Omar

2. Surname (Last Name)
Ramos-Williams

3. Date
14-November-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Molly Lewis

5. Manuscript Title

A Novel Treatment for a Rare Injury: Pediatric Massive Midsubstance Rotator Cuff and Periscapular Muscle Tears Treated with Custom Brace

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

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Dr. Ramos-Williams has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hasan M	2. Surname (Last Name) Syed	3. Date 12-April-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Molly Lewis, MD
5. Manuscript Title A Novel Treatment for a Rare Injury: Pediatric Massive Midsubstance Rotator Cuff and Periscapular Muscle Tears Treated with Custom Brace		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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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. Syed has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Molly

2. Surname (Last Name)

Lewis

3. Date

14-November-2016

4. Are you the corresponding author?



Yes



No

5. Manuscript Title

A Novel Treatment for a Rare Injury: Pediatric Massive Midsubstance Rotator Cuff and Periscapular Muscle Tears Treated with Custom Brace

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Yes



No

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Yes



No

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1. Given Name (First Name)
Theodore

2. Surname (Last Name)
Gregorius

3. Date
14-November-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Molly Lewis

5. Manuscript Title

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