

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.

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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4. Intellectual Property.

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

5. Relationships not covered above.

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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)

Thomas

2. Surname (Last Name)

Arns

3. Date

29-November-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Bryan Saltzman

5. Manuscript Title

Unilateral Snapping Biceps Femoris Tendon with Anomalous Insertion Treated by
Anatomic Repositioning and Lengthening with a Single Suture Anchor: A Report of Two Cases

6. Manuscript Identifying Number (if you know it)

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

Section 3. Relevant financial activities outside the submitted work.

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

Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Arns has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Collins

3. Date
29-November-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Bryan Saltzman

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

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Section 1. Identifying Information

1. Given Name (First Name) Brian	2. Surname (Last Name) Forsythe	3. Date 29-November-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Bryan Saltzman
5. Manuscript Title Unilateral Snapping Biceps Femoris Tendon with Anomalous Insertion Treated by Anatomic Repositioning and Lengthening with a Single Suture Anchor: A Report of Two Cases		
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research Support
Smith & Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research Support
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research Support
Sonoma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant; Paid presenter or speaker
Arthrosurface	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid presenter or speaker
Jace Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock or Stock Options

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Dr. Forsythe reports non-financial support from Arthrex, non-financial support from Smith & Nephew, non-financial support from Stryker, personal fees from Sonoma, personal fees from ArthroSurface, other from Jace Medical, outside the submitted work; .

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Bryan

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Saltzman

3. Date
29-November-2016

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Nova Science Publishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Publishing royalties, financial or material support
Postgraduate Institute for Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Publishing royalties, financial or material support

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Clinical Medical Reviews and Case Reports: Editorial or governing board
International Journal of Sports and Exercise Medicine: Editorial or governing board
International Journal of Surgery Research and Practice: Editorial or governing board

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