

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Beran

3. Date
28-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Stephen Wiseman

5. Manuscript Title
Long Head Biceps Tendon Rupture in a Pediatric Athlete: A Case Report

6. Manuscript Identifying Number (if you know it)

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Dr. Beran has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) McDonald	3. Date 28-July-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Stephen Wiseman
5. Manuscript Title Long Head Biceps Tendon Rupture in a Pediatric Athlete: A Case Report		
6. Manuscript Identifying Number (if you know it) 		

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Dr. McDonald has nothing to disclose.

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1. Given Name (First Name)

Shantanu

2. Surname (Last Name)

Warahadpande

3. Date

28-July-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Stephen Wiseman

5. Manuscript Title

Long Head Biceps Tendon Rupture in a Pediatric Athlete: A Case Report

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1. Given Name (First Name)
Stephen

2. Surname (Last Name)
Wiseman

3. Date
28-July-2015

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