

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.

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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

Bishop 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Meghan	2. Surname (Last Name) Bishop	3. Date 25-January-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Kevin Freeman MD
5. Manuscript Title Biomechanical and Clinical Compariso	n of Suture Techniques in <i>F</i>	Arthroscopic Rotator Cuff Repair
6. Manuscript Identifying Number (if you k	(now it)	
Section 2. The Work Under C	Consideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
ŕ		
Section 3. Relevant financia	l activities outside the s	submitted work.
of compensation) with entities as desc	ribed in the instructions. Use port relationships that wer	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.
Section 4. Intellectual Prope	erty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No

Bishop 2



Section 5. Relationships not covered above
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Bishop has nothing to disclose.

Evaluation and Feedback

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Bishop 3



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Ciccotti 1



Section 1. Identifying Inform	ation				
Given Name (First Name) Michael	2. Surname (Last Na Ciccotti	ame)		3. Date 25-January-2017	
4. Are you the corresponding author?	☐ Yes ✓ No	Correspond	ding Author	's Name	
5. Manuscript Title Biomechanical and Clinical Comparison	of Suture Techniqu	es in Arthroscopic	Rotator Cu	uff Repair	
6. Manuscript Identifying Number (if you know	ow it)				
Section 2. The Work Under Co	nsideration for l	Publication			
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to gra				
Section 3. Relevant financial a	activities outside	the submitted	work.		
Place a check in the appropriate boxes ir of compensation) with entities as described clicking the "Add +" box. You should rep	bed in the instruction fort relationships th	ons. Use one line fo at were present d	or each ent	ity; add as many lines as yo	u need by
Are there any relevant conflicts of intere If yes, please fill out the appropriate info		No			
Name of Entity	Grant? Persona	Non-Financial Support?	Other?	Comments	
American Orthopaedic Society for Sports Medicine					
Major League Baseball Team Physicians Association					
Herodicus Research Society	$\overline{}$				
Arthrex Inc					
Orthopaedic Learning Center					
Stryker					
Venture MD					

Ciccotti 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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Dr. Ciccotti reports personal fees from American Orthopaedic Society for Sports Medicine, personal fees from Major League Baseball Team Physicians Association, personal fees from Herodicus Research Society, personal fees from Arthrex Inc, personal fees from Orthopaedic Learning Center, personal fees from Stryker, other from Venture MD, outside the submitted work; .

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Cohen 1



	Section 1. Identifying Inform						
	Identifying Inform	ation					
	Given Name (First Name) Steven	2. Surnai Cohen	me (Last Nar	ne)		3. Date 25-January-2017	
	4. Are you the corresponding author?	Yes	✓ No	Correspond Kevin Free	_		
	5. Manuscript Title Biomechanical and Clinical Comparison	of Suture	Technique	s in Arthroscopic	Rotator C	uff Repair	
	6. Manuscript Identifying Number (if you kno	ow it)					
	Section 2. The Work Under Co	nsidera	tion for P	ublication			
	Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interests	but not lin	nited to gran				
	Section 3. Relevant financial a	activities	s outside t	the submitted	work.		
	Place a check in the appropriate boxes ir of compensation) with entities as described clicking the "Add +" box. You should rep	oed in the	instruction	ns. Use one line fo	or each en	tity; add as many lines as you	need by
	Are there any relevant conflicts of interest	لنا		No			
	If yes, please fill out the appropriate info	rmation b	elow.				
	Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
	merican Orthopaedic Society for Sports ledicine		√				
	rthrex Inc		✓				
V	lajor League Baseball		✓				
C	ONMED Linvatec		✓				
	nternational Society of Arthroscopy, Knee urgery, and Orthopaedic Sports Medicine		✓				
S	lack Inc		✓				
Z	immer		1				

Cohen 2



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Dr. Cohen reports personal fees from American Orthopaedic Society for Sports Medicine, personal fees from Arthrex Inc, personal fees from Major League Baseball, personal fees from CONMED Linvatec, personal fees from International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine, personal fees from Slack Inc, personal fees from Zimmer, outside the submitted work; .

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Dodson 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Christopher	rst Name)	2. Surname (Last I Dodson	Name)		3. Date 25-January-2017	
4. Are you the cor	responding author?	Yes ✓ No	-	nding Author's Na edman MD	me	
5. Manuscript Title Biomechanical a	e nd Clinical Comparison	of Suture Technic	ues in Arthroscopi	c Rotator Cuff Re	epair epair	
6. Manuscript Ider	ntifying Number (if you kr	now it)				
Section 2.	The Work Under Co	onsideration fo	Publication			
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	but not limited to g			mmercial, private foundation, etc.) esign, manuscript preparation,	for
Section 3.	Relevant financial	activities outsic	e the submitted	work.		
of compensation clicking the "Add Are there any rele) with entities as descri	bed in the instruct port relationships t est? Yes [ions. Use one line f	or each entity; a	ationships (regardless of amou add as many lines as you need k nonths prior to publication.	
Name of Entity		Grant? Person		Other? Cor	nments	
Arthrex Inc						
Section 4.	Intellectual Proper	ty Patents & C	Copyrights			
Do you have any	patents, whether plan	ned, pending or is:	sued, broadly relev	ant to the work?	? ☐ Yes 🗸 No	

Dodson 2



Section 5. Polationships not sovered above
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Dr. Dodson reports personal fees from Arthrex Inc, outside the submitted work; .

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Freedman 1



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4. Are you the corresponding author? Yes No					
5. Manuscript Title Biomechanical and	Clinical Comparison	of Suture Technique	in Arthroscopic	Rotator Cuff	Repair
6. Manuscript Identify	ying Number (if you kn	ow it)			
Section 2.	he Work Under Co	onsideration for Pu	ıblication		
any aspect of the subs statistical analysis, etc	mitted work (including	but not limited to gran		•	commercial, private foundation, etc.) for design, manuscript preparation,
Section 3.	elevant financial	activities outside t	he submitted	work.	
of compensation) w clicking the "Add +" Are there any releva	rith entities as descri	bed in the instruction port relationships that est? Yes I	s. Use one line f	or each entity;	elationships (regardless of amount ; add as many lines as you need by months prior to publication.
ii yes, piease iiii out	тте арргорнате ппс	illiation below.			
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments
DePuy					
ohnson & Johnson Com	pany				
Genzyme					
Section 4.					
Jection 4. In	itellectual Proper	ty Patents & Cop	yrights		
Do you have any pa	tents, whether plani	ned, pending or issue	d, broadly releva	ant to the wor	k? ☐ Yes 🗸 No

Freedman 2



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Dr. Freedman reports personal fees from DePuy, personal fees from Johnson & Johnson Company, personal fees from Genzyme, outside the submitted work; .

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Relationships not covered above.

Use this section to report 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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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

Hammoud 1



Section 1. Identifying Inform	ation					
1. Given Name (First Name) Sommer	2. Surname (Last Nam Hammoud	ne)		3. Date 25-January-2017		
4. Are you the corresponding author?	Yes No Corresponding Author's Name Kevin Freedman MD					
5. Manuscript Title Biomechanical and Clinical Comparison	of Suture Technique	s in Arthroscopic	Rotator Cuff Rep	oair		
6. Manuscript Identifying Number (if you kn	ow it)					
Section 2. The Work Under Co	onsideration for Pu	ublication				
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	but not limited to gran	ts, data monitoring			,	
Section 3. Relevant financial	activities outside t	he submitted v	work.			
Place a check in the appropriate boxes in of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	bed in the instruction port relationships that est? Yes 1	is. Use one line fo	r each entity; ad	ld as many lines as you nee	d by	
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Com	ments		
American Orthopaedic Society for Sports Medicine						
Perry Initiative						
Ruth Jackson Orthopaedic Society						
Section 4. Intellectual Proper	ty Patents & Cop	yrights				
Do you have any patents, whether plant	ned, pending or issue	d, broadly releva	nt to the work?	☐ Yes 🗸 No		

Hammoud 2



Section 5.	
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
	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
	eports personal fees from American Orthopaedic Society for Sports Medicine, personal fees from Perry nal fees from Ruth Jackson Orthopaedic Society, outside the submitted work; .

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Hammoud 3



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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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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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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MacLeod 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Robert	2. Surname (Last Name) MacLeod	3. Date 25-January-2017		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Kevin Freeman MD		
5. Manuscript Title Biomechanical and Clinical Comparisor	n of Suture Techniques in A	rthroscopic Rotator Cuff Repair		
6. Manuscript Identifying Number (if you k	now it)			
Section 2. The Work Under Consideration for Publication				
Did you or your institution at any time 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 No				
Continue				
Section 3. Relevant financial	activities outside the s	ubmitted work.		
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Section 4. Intellectual Prope	rty Patents & Copyrig	hts		
Do you have any patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? Yes V No		

MacLeod 2



Section 5. Polationships not severed above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
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Dr. MacLeod has nothing to disclose.

Evaluation and Feedback

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MacLeod 3



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Tjournakaris 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Tjoumakaris	3. Date 25-January-2017		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Kevin Freedman MD		
5. Manuscript Title Biomechanical a		n of Suture Techniques in A	arthroscopic Rotator Cuff Repair		
6. Manuscript Ider	ntifying Number (if you kr	now it)			
			-		
Section 2. The Work Under Consideration for Publication					
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	l .				
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
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	<u> </u>				
Section 4.	Intellectual Prope	rty Patents & Copyri <u>c</u>	hts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Tjoumakaris 2



Section 5. Relationships not covered above			
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