

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Erel

2. Surname (Last Name)  
Ben-Ari

3. Date  
04-January-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Dr. Mandeep Virk

5. Manuscript Title  
Pectoralis Major Tendon Tear: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)  
D-20-00224

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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

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

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Dr. Ben-Ari 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)  
Kevin

2. Surname (Last Name)  
Magone

3. Date  
04-January-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Dr. Mandeep Virk

5. Manuscript Title  
Pectoralis Major Tendon Tear: A Critical Analysis Review

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### Section 1. Identifying Information

1. Given Name (First Name)  
Mandeep

2. Surname (Last Name)  
Virk

3. Date  
04-January-2021

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Pectoralis Major Tendon Tear: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)  
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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?	Other?	Comments
Exactech Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant

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Dr. Virk is consultant for Exactech Inc., outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Soterios	2. Surname (Last Name) Gyftopoulos	3. Date 04-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. Mandeep Virk
5. Manuscript Title Pectoralis Major Tendon Tear: A Critical Analysis Review		
6. Manuscript Identifying Number (if you know it) D-20-00224		

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