



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Stephen

2. Surname (Last Name)
Thon

3. Date
09-July-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Regeneten Bio-Inductive Collagen Scaffold for Rotator Cuff Tears: Indications, Technique, Clinical Outcomes, and Review of Current Literature.

6. Manuscript Identifying Number (if you know 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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Section 5. Relationships not covered above

Are there 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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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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. Thon has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.



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Other: Anything not covered under the previous three boxes

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Issued: The patent has been issued by the agency

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



ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name)
John

2. Surname (Last Name)
Belk

3. Date
27-September-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Stephen Thon, MD

5. Manuscript Title
Regeneten Bio-Inductive Collagen Scaffold for Rotator Cuff Tears: Indications, Technique, Clinical Outcomes, and Review of Current Literature

6. Manuscript Identifying Number (if you know it)
AOJ-19-195

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Are there any relevant conflicts of interest? Yes No

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John Belk has nothing to disclose.

Please visit [www.icmje.org](#) to provide feedback on your experience with completing this form.



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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

1. Given Name (First Name)
Jonathan

2. Surname (Last Name)
Bravman

3. Date
28-January-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Stephen Thon, MD

5. Manuscript Title
Regeneten Bio-Inductive Collagen Scaffold for Rotator Cuff Tears: Indications, Technique, Clinical Outcomes, and Review of Current Literature

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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
DJO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Smith&Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant, Financial Support
Shukla Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties, Unpaid Consultant
Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research/Financial Support
Mitek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Financial Support
American Orthopaedic Society for Sports Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board Member



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Dr. Bravman reports other from DJO, other from Smith&Nephew, other from Shukla Medical, other from Biomet, other from Stryker, other from Mitek, other from AOSSM, other from null, outside the submitted work

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ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name)
Eric

2. Surname (Last Name)
McCarty

3. Date
19-February-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Stephen Thon, MD

5. Manuscript Title
Regeneten Bio-Inductive Collagen Scaffold for Rotator Cuff Tears: Indications, Technique, Clinical Outcomes, and Review of Current Literature

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
• American Orthopaedic Society for Sports Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or committee member
Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IP royalties; Paid consultant; Research support
elsevier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Publishing royalties, financial or material support
International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or committee member
Mitek	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support
Orthopedics Today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial or governing board



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OrthopedicsAmerican Journal of Sports Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial or governing board
Smith & Nephew	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support
Strykersmith nephew	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support
Arthrex, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support
Breg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support
Zimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties

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Dr. McCarty has nothing to disclose, other than the relationships described above, which are not related to this manuscript.



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ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name)

Felix

2. Surname (Last Name)

Savoie

3. Date

13-November-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Stephen Thon, MD

5. Manuscript Title

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CONMED Linvatec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties, paid presentations for a company, unpaid consultant
Exactech, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties, paid presentations for a company, unpaid consultant
Zimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Smith & Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid presentation for a company, unpaid consultant
Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	unpaid consultant
Mitek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	unpaid consultant



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Journal of Wrist Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial/Governing Board
American Shoulder and Elbow Surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board Member for a Society

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Dr. Savoie has nothing to disclose, other than the relationships described above, which are not related to this manuscript.