

ICMJE DISCLOSURE FORM

Date: 8/9/2021

Your Name: James Johnson

Manuscript Title: Tendon Midsubstance Trauma as a Means for the Development of Translatable Chronic Rotator Cuff Degeneration in an Ovine Model

Manuscript number (if known): ATM-21-2749

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

The author has no conflicts of interest to report.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 8/9/2021

Your Name: Devin von Stade

Manuscript Title: Tendon Midsubstance Trauma as a Means for the Development of Translatable Chronic Rotator Cuff Degeneration in an Ovine Model

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Date: 8/9/2021

Your Name: Daniel Regan

Manuscript Title: Tendon Midsubstance Trauma as a Means for the Development of Translatable Chronic Rotator Cuff Degeneration in an Ovine Model

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Date: 8/9/2021

Your Name: Jeremiah Easley

Manuscript Title: Tendon Midsubstance Trauma as a Means for the Development of Translatable Chronic Rotator Cuff Degeneration in an Ovine Model

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Date: 8/9/2021

Your Name: Lyndah Chow

Manuscript Title: Tendon Midsubstance Trauma as a Means for the Development of Translatable Chronic Rotator Cuff Degeneration in an Ovine Model

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 8/9/2021

Your Name: Steven Dow

Manuscript Title: Tendon Midsubstance Trauma as a Means for the Development of Translatable Chronic Rotator Cuff Degeneration in an Ovine Model

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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Date: 8/9/2021

Your Name: Tony Romeo

Manuscript Title: Tendon Midsubstance Trauma as a Means for the Development of Translatable Chronic Rotator Cuff Degeneration in an Ovine Model

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Arthrex, Inc.	
		Atreon Orthopaedics	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Arthrex, Inc.	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	Paragen	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Dr. Romeo receives royalties from devices/products from Arthrex, Inc. and Atreon Orthopaedics. He also has been paid to present in the last 12 months by Arthrex, Inc. He is a paid consultant for Arthrex, Inc. and Atreon Orthopaedics. He has stock / stock options in Paragen.

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 8/9/2021

Your Name: Ted Schlegel

Manuscript Title: Tendon Midsubstance Trauma as a Means for the Development of Translatable Chronic Rotator Cuff Degeneration in an Ovine Model

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		Gemini Mountain Education Grant	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	Kaleo PRIVIT Avenu NASH	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Dr. Schlegel reports grants from Arthrex Education Grant, grants from Gemini Mountain Education Grant, outside the submitted work; and Stock/stock options in the following companies: Kaleo, PRIVIT, Avenu and NASH.

Please place an "X" next to the following statement to indicate your agreement:

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Date: 8/9/2021

Your Name: Kirk McGilvray

Manuscript Title: Tendon Midsubstance Trauma as a Means for the Development of Translatable Chronic Rotator Cuff Degeneration in an Ovine Model

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