

ICMJE DISCLOSURE FORM

Date: March 17th, 2021

Your Name: Guy Trudel MD

Manuscript Title: Quantitative Analysis of Repaired Rabbit Supraspinatus Tendons (± Channeling) Using Magnetic Resonance Imaging at 7 Tesla.

Manuscript number (if known): QIMS-20-1343

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.

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| 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 | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | This work was supported by the Canadian Institutes of Health Research: grant number FRN 110995 |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 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 was a recipient of the research grant from the Canadian Institutes of Health Research. Funds were used to purchase material, cost of services including MRI services, animal surgeries and care, and to cover the salaries of staff.

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

X 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: March 17th, 2021
 Your Name: Samuel Duchesne MSc
 Manuscript Title: Quantitative Analysis of Repaired Rabbit Supraspinatus Tendons (± Channeling) Using Magnetic Resonance Imaging at 7 Tesla.
 Manuscript number (if known): QIMS-20-1343

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X 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: 3/18/2021

Your Name: Justin Thomas

Manuscript Title: Quantitative Analysis of Repaired Rabbit Supraspinatus Tendons (± Channeling) Using Magnetic Resonance Imaging at 7 Tesla.

Manuscript number (if known): QIMS-20-1343

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | This research was supported by the Canadian Institutes of Health Research: grant number FRN 110995 |
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| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |

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ICMJE DISCLOSURE FORM

Date: 17.03.21 _____

Your Name: Gerd Melkus _____

Manuscript Title Quantitative Analysis of Repaired Rabbit Supraspinatus Tendons (\pm Channeling) Using Magnetic Resonance Imaging at 7 Tesla.

Manuscript number (if known): QIMS-20-1343 _____

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| 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 declare.

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: March 17th, 2021
 Your Name: Greg O. Cron PhD
 Manuscript Title: Quantitative Analysis of Repaired Rabbit Supraspinatus Tendons (± Channeling) Using Magnetic Resonance Imaging at 7 Tesla.
 Manuscript number (if known): QIMS-20-1343

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | This work was supported by the Canadian Institutes of Health Research: grant number FRN 110995 |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |

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X 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: March 17th, 2021
 Your Name: Peder Larson PhD
 Manuscript Title: Quantitative Analysis of Repaired Rabbit Supraspinatus Tendons (± Channeling) Using Magnetic Resonance Imaging at 7 Tesla.
 Manuscript number (if known): QIMS-20-1343

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | Research support from GE Healthcare |
| | | | |
| 3 | Royalties or licenses | <input type="checkbox"/> None | Royalties for patents |
| | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 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 receives research support from GE Healthcare and royalty payments for patents related to the work.

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

X 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: March 21st, 2021
 Your Name: Mark E. Schweitzer MD
 Manuscript Title: Quantitative Analysis of Repaired Rabbit Supraspinatus Tendons (± Channeling) Using Magnetic Resonance Imaging at 7 Tesla.
 Manuscript number (if known): QIMS-20-1343

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ICMJE DISCLOSURE FORM

Date: March 21th, 2021
 Your Name: Adnan Sheikh MD
 Manuscript Title: Quantitative Analysis of Repaired Rabbit Supraspinatus Tendons (± Channeling) Using Magnetic Resonance Imaging at 7 Tesla.
 Manuscript number (if known): QIMS-20-1343

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ICMJJE DISCLOSURE FORM

Date: March 18th 2021

Your Name: Hakim Louati MAsc P.Eng

Manuscript Title: Quantitative Analysis of Repaired Rabbit Supraspinatus Tendons (± Channeling) Using Magnetic Resonance Imaging at 7 Tesla

Manuscript number (if known): QIMS-20-1343

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| 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:

This work was supported by the Canadian Institutes of Health Research: grant number FRN 110995. Funds were used to purchase material, cost of services including MRI services, animal surgeries and care, and to cover the salaries of staff.

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: March 17th, 2021
 Your Name: Odette Laneuville PhD
 Manuscript Title: Quantitative Analysis of Repaired Rabbit Supraspinatus Tendons (± Channeling) Using Magnetic Resonance Imaging at 7 Tesla.
 Manuscript number (if known): QIMS-20-1343

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.

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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.

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|---|--|--|--|
| Time frame: Since the initial planning of the work | | | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | This work was supported by the Canadian Institutes of Health Research: grant number FRN 110995 |
| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 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 | |

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The author was a recipient of the research grant from the Canadian Institutes of Health Research. Funds were used to purchase material, cost of services including MRI services, animal surgeries and care, and to cover the salaries of staff.

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

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