Date:	March 17 th , 2021	
Your Name:_	Guy Trude	MD
Manuscript T	itle:_ Quantitative A	nalysis of Repaired Rabbit Supraspinatus Tendons (±
Channeling)	Using Magnetic Res	onance Imaging at 7 Tesla
Manuscript n	umber (if known): Ql	MS-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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	This work was supported by the Canadian Institutes of Health Research: grant number FRN 110995
3	Royalties or licenses	xNone	
4	Consulting fees	x_None	

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

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:

Date:	March 17 th , 2021_	
Your Name:_	Samuel D	uchesne MSc
Manuscript T	itle:_ Quantitative A	analysis of Repaired Rabbit Supraspinatus Tendons (±
Channeling)	Using Magnetic Re	sonance Imaging at 7 Tesla
Manuscript n	umber (if known): Q	IMS-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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	This work was supported by the Canadian Institutes of Health Research: grant number FRN 110995
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

•	_xNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
	x None	
•		
testimon,		
Cuppert for attending	y None	
	xNone	
meetings and/or travel		
Patents planned issued or	x None	
periang		
Darticipation on a Data	y None	
	xNone	
	xNone	
Stock or stock options	xNone	
Receipt of equipment,	x None	
	x None	
	NONE	
inialiciai initerests		
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- x_None

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:

Date:	3/18/2021
Your Name:	Justin Thomas
Manuscript Ti	itle:_ Quantitative Analysis of Repaired Rabbit Supraspinatus Tendons (±
Channeling)	Using Magnetic Resonance Imaging at 7 Tesla
Manuscript n	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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	None	
		Time frame: past	36 months
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
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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:

Date: 17.03.21
Your Name: Gerd Melkus
Manuscript Title Quantitative Analysis of Repaired Rabbit Supraspinatus Tendons (±Channeling) Using Magneti
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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	_XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert testimony	_XNone		
7	Support for attending meetings and/or travel	_XNone		
8	Patents planned, issued or	_XNone		
	pending			
9	Participation on a Data	_XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_XNone		
12	Receipt of equipment,	_XNone		
	materials, drugs, medical			
	writing, gifts or other			
4.5	services	V 1		
13	Other financial or non-	_XNone		
	financial interests			
<u></u>				
Plea	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:

Date:	March 17 th , 2021				
Your Name:_	Greg O. Cr	on PhD			
Manuscript Title:_ Quantitative Analysis of Repaired Rabbit Supraspinatus Tendons (±					
Channeling) Using Magnetic Resonance Imaging at 7 Tesla					
Manuscript n	umber (if known): Ql	MS-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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	This work was supported by the Canadian Institutes of Health Research: grant number FRN 110995
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

•	_xNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
	x None	
•		
testimon,		
Cuppert for attending	y None	
	xNone	
meetings and/or travel		
Patents planned issued or	x None	
periang		
Darticipation on a Data	y None	
	xNone	
	xNone	
Stock or stock options	xNone	
Receipt of equipment,	x None	
	x None	
	NONE	
mancial interests		
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- x_None

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:

Date:	March 17 th , 2021				
Your Name:_	Peder Larso	on PhD			
Manuscript Title:_ Quantitative Analysis of Repaired Rabbit Supraspinatus Tendons (±					
Channeling) Using Magnetic Resonance Imaging at 7 Tesla					
Manuscript n	umber (if known): QIM	MS-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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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,	_xNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	The time mineral time term		
		Time frame: past	36 months
2	Grants or contracts from	None	Research support from GE Healthcare
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	Royalties for patents
	C III C	V N	
4	Consulting fees	XNone	

		T		
5	Payment or honoraria for	_xNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	x None		
	testimony			
7	Support for attending	x None		
-	meetings and/or travel			
	eege arra, er er av er			
8	Patents planned, issued or	x_None		
	pending			
9	Participation on a Data	xNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	xNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	xNone		
12	Receipt of equipment,	x None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	x None		
	financial interests			
Dlaa	Diagon summering the charge conflict of interest in the following how			

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:

Date:	March 21 st , 2021	
Your Name:_	Mark E. Schweitzer	MD
Manuscript T	itle:_ Quantitative Analysis o	f Repaired Rabbit Supraspinatus Tendons (±
Channeling)	Using Magnetic Resonance	lmaging at 7 Tesla
Manuscript n	umber (if known): QIMS-20-1	343

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	This work was supported by the Canadian Institutes of Health Research: grant number FRN 110995
3	Royalties or licenses	xNone	
4	Consulting fees	x_None	

•	_xNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
	x None	
•		
testimon,		
Cuppert for attending	y None	
	xNone	
meetings and/or travel		
Patents planned issued or	x None	
periang		
Darticipation on a Data	y None	
	xNone	
	xNone	
Stock or stock options	xNone	
Receipt of equipment,	x None	
	x None	
	NONE	
mancial interests		
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- x_None

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:

Date:	March 21 th , 2021_		
Your Name:_	Adnan Shei	kh MD	
Manuscript T	itle:_ Quantitative A	nalysis of Repaired Rabbit Supraspinatus Tendons (±	
Channeling)	Using Magnetic Res	sonance Imaging at 7 Tesla	
Manuscript n	umber (if known): Q	MS-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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	This work was supported by the Canadian Institutes of Health Research: grant number FRN 110995
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

•	_xNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
	x None	
•		
testimon,		
Cuppert for attending	y None	
	xNone	
meetings and/or travel		
Patents planned issued or	x None	
periang		
Darticipation on a Data	y None	
	xNone	
	xNone	
Stock or stock options	xNone	
Receipt of equipment,	x None	
	x None	
	NONE	
mancial interests		
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- x_None

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:

Date:March 18 th 2021
Your Name:Hakim LouatiMASc_ 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

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	This work was supported by the Canadian Institutes of Health Research: grant number FRN 110995
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

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

Date:	March 17 th , 2021		
Your Name:_	Odette Lane	euville PhD	
Manuscript Ti	itle:_ Quantitative An	alysis of Repaired Rabbit Supraspinatus Tendons (±	
Channeling)	Using Magnetic Reso	nance Imaging at 7 Tesla	
Manuscript n	umber (if known): QIN	1S-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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	_xNone				
	Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	This work was supported by the Canadian Institutes of Health Research: grant number FRN 110995			
3	Royalties or licenses	xNone				
4	Consulting fees	x_None				

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

uthor was a recipient of the research grant from the Canadian Institutes of Health Research. Funds were used chase 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: