

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yan	2. Surname (Last Name) Gao	3. Date 19-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Min Cheng and JiongJiong Guo
5. Manuscript Title A clinical study of shoulder arthroscopic rotator cuff repair on the psychological function of patients after operation		
6. Manuscript Identifying Number (if you know it) APM-19-665-R1		

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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. Gao has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Kailun	2. Surname (Last Name) Wu	3. Date 19-June-2020
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Jiongjiong

2. Surname (Last Name)

Guo

3. Date

19-June-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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Cheng

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