

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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

Section 1. Identifying Information

1. Given Name (First Name) Jorge	2. Surname (Last Name) Chahla	3. Date 20-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cecilia Pascual-Garrido
5. Manuscript Title Surgical Treatment of Gluteus Medius Tears Augmented with Allograft Human Dermis		
6. Manuscript Identifying Number (if you know it)		

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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

Section 4. Intellectual Property -- Patents & Copyrights

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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. Chahla has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Masahiko

2. Surname (Last Name)
Haneda

3. Date
20-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Cecilia Pascual-Garrido

5. Manuscript Title
Surgical Treatment of Gluteus Medius Tears Augmented with Allograft Human Dermis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Haneda has nothing to disclose.

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1. Given Name (First Name)
Cecilia

2. Surname (Last Name)
Pascual-Garrido

3. Date
20-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Surgical Treatment of Gluteus Medius Tears Augmented with Allograft Human Dermis

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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
AOSSM/Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arthrex, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OREF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zimmer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Pascual-Garrido reports grants from AOSSM/Sanofi, Arthrex, Inc. , OREF, Zimmer outside the submitted work.

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1. Given Name (First Name) Maria	2. Surname (Last Name) Schwabe	3. Date 20-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cecilia Pascual-Garrido
5. Manuscript Title Surgical Treatment of Gluteus Medius Tears Augmented with Allograft Human Dermis		
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Ms. Schwabe has nothing to disclose.

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