

— **Instructions** —

**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author's completed form must then be uploaded with the manuscript.**

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 in four parts:

**Section 1. Identifying information**

Enter your full name and provide the manuscript title.

**Section 2. The work under consideration for publication**

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation, or commercial sponsor, check "Yes." Then complete the provide the information requested.

**Section 3. Relevant financial activities outside the submitted work**

This section asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as entities or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations, or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

**Section 4. Other relationships**

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name: Abby 2. Surname: Hankins
3. Are you the corresponding author? Yes \_\_\_ No X
4. Effective Date \_\_\_\_\_ 3/20/22 \_\_\_\_\_
5. Manuscript Title: Biologic Graft Utilization Trends for Rotator Cuff Pathology: Superior Capsular Reconstruction on the Decline

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

### 1. Grant

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 2. Consulting fee or honorarium

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 3. Support for travel to meetings for the study or other purposes

\_\_\_ No X Yes, money paid to you

Comments † travel grant from Eastern Virginia Medical School student affairs for Orthopedic Summit 2021 to present research findings

### 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 5. Payment for writing or reviewing the manuscript

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 6. Provision of writing assistance, medicines, equipment, or administrative support

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 7. Other

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

\* This means money that your institution received for your efforts on this study.

† Use this section to provide any needed explanation.

### Section 3. Relevant financial activities outside the submitted work

1. Board membership

\_X\_ No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

2. Consultancy

\_X\_ No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

3. Employment

\_X\_ No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

4. Expert testimony

\_X\_ No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

5. Grants/grants pending

\_X\_ No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

6. Payment for lectures including service on speakers bureaus

\_X\_ No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

7. Payment for manuscript preparation

\_X\_ No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

8. Patents (planned, pending or issued)

\_X\_ No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

9. Royalties

\_X\_ No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

10. Payment for development of educational presentations

\_X\_ No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

11. Stock/stock options

\_X\_ No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

12. Travel/accommodations/ meeting expenses unrelated to activities listed\*\*

\_X\_ No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

13. Other (err on the side of full disclosure)

\_X\_ No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

\*\* For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name Kevin 2. Surname Bonner
3. Are you the corresponding author? Yes  No
4. Effective Date 3/20/22
5. Manuscript Title Biologic Graft Utilization Trends for Rotator Cuff Pathology: Superior Capsular Reconstruction on the Decline

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

No

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

### 1. Grant

X No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  Comments †

### 2. Consulting fee or honorarium

X No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  Comments †

### 3. Support for travel to meetings for the study or other purposes

X No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  Comments †

### 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

X No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  Comments †

### 5. Payment for writing or reviewing the manuscript

X No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  Comments †

### 6. Provision of writing assistance, medicines, equipment, or administrative support

X No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  Comments †

### 7. Other

X No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  Comments †

\* This means money that your institution received for your efforts on this study.

† Use this section to provide any needed explanation.

### Section 3. Relevant financial activities outside the submitted work

#### 1. Board membership

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  
I'm on the Board of the Arthroscopy Assoc of North America -not paid  
I'm on the Board of LifeNet Health- paid position

#### 2. Consultancy

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  Comments   
I am a consultant for : LifeNet Health, Depuy/Mitek, Embody

#### 3. Employment

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  Comments

#### 4. Expert testimony

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  Comments

#### 5. Grants/grants pending

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  Comments

#### 6. Payment for lectures including service on speakers bureaus

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  
Depuy/Mitek

#### 7. Payment for manuscript preparation

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  Comments

#### 8. Patents (planned, pending or issued)

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  
Depuy/Mitek, Embody

#### 9. Royalties

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  
Depuy/ Mitek, Arthrex, Embody Potential Future Royalties- but nothing paid

#### 10. Payment for development of educational presentations

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  Comments

#### 11. Stock/stock options

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  
Embody, COVR Medical

#### 12. Travel/accommodations/ meeting expenses unrelated to activities listed\*\*

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  Comments

#### 13. Other (err on the side of full disclosure)

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity  Comments





# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name Justin 2. Surname Griffin
3. Are you the corresponding author? Yes \_\_\_ No x
4. Effective Date 3/20/2022
5. Manuscript Title Biologic Graft Utilization Trends for Rotator Cuff Pathology: Superior Capsular Reconstruction on the Decline

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

### 1. Grant

x No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_  
Comments† \_\_\_

### 2. Consulting fee or honorarium

x No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_  
Comments† \_\_\_

### 3. Support for travel to meetings for the study or other purposes

x No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_  
Comments† \_\_\_

### 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

x No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_  
Comments† \_\_\_

### 5. Payment for writing or reviewing the manuscript

x No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_  
Comments† \_\_\_

### 6. Provision of writing assistance, medicines, equipment, or administrative support

x No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_  
Comments† \_\_\_

### 7. Other

x No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_  
Comments† \_\_\_

\* This means money that your institution received for your efforts on this study.

† Use this section to provide any needed explanation.

### Section 3. Relevant financial activities outside the submitted work

1. Board membership

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

2. Consultancy

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_Arthrex Inc\_\_\_\_  
Comments\_\_\_\_

3. Employment

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

4. Expert testimony

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

5. Grants/grants pending

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

6. Payment for lectures including service on speakers bureaus

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_Arthrex Inc.\_\_\_\_  
Comments\_\_\_\_

7. Payment for manuscript preparation

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

8. Patents (planned, pending or issued)

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_BG Innovations\_\_\_\_  
Comments\_\_\_\_

9. Royalties

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_Arthrex inc\_\_\_\_  
Comments\_\_\_\_

10. Payment for development of educational presentations

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

11. Stock/stock options

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

12. Travel/accommodations/ meeting expenses unrelated to activities listed\*\*

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

13. Other (err on the side of full disclosure)

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

\*\* For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name \_\_\_\_\_ John \_\_\_\_\_ 2. Surname \_\_\_ Taliaferro \_\_\_\_\_  
3. Are you the corresponding author? Yes \_\_\_ No  \_\_\_  
4. Effective Date \_\_\_\_\_ 3/20/22 \_\_\_\_\_

5. Manuscript Title Biologic Graft Utilization Trends for Rotator Cuff Pathology: Superior Capsular Reconstruction on the Decline

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

### 1. Grant

No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_  
Comments † \_\_\_

### 2. Consulting fee or honorarium

No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_  
Comments † \_\_\_

### 3. Support for travel to meetings for the study or other purposes

No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_  
Comments † \_\_\_

### 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_  
Comments † \_\_\_

### 5. Payment for writing or reviewing the manuscript

No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_  
Comments † \_\_\_

### 6. Provision of writing assistance, medicines, equipment, or administrative support

No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_  
Comments † \_\_\_

### 7. Other

No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_  
Comments † \_\_\_

\* This means money that your institution received for your efforts on this study. † Use this section to provide any needed explanation.

### Section 3. Relevant financial activities outside the submitted work

#### 1. Board membership

X

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

#### 2. Consultancy

X

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

#### 3. Employment

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

#### 4. Expert testimony

X

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

#### 5. Grants/grants pending

X

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

#### 6. Payment for lectures including service on speakers bureaus

No  Yes, money paid to you  Yes, money paid to 7. Payment for manuscript preparation

No  Yes, money paid to you  Yes, money paid to 8. Patents (planned, pending or issued)

No  Yes, money paid to you  Yes, money paid to 9. Royalties

X

No  Yes, money paid to you  Yes, money paid to

#### 10. Payment for development of educational presentations

No  Yes, money paid to you  Yes, money paid to

#### 11. Stock/stock options

No  Yes, money paid to you  Yes, money paid to

#### 12. Travel/accommodations/ meeting expenses unrelated to activities listed\*\*

X

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

#### 13. Other (err on the side of full disclosure)

X

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

\*\* For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

institution\* Name of entity\_\_\_\_ Comments\_\_\_\_



# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name Brian 2. Surname Werner
3. Are you the corresponding author? Yes \_\_\_ No X
4. Effective Date 3/17/2022
5. Manuscript Title: Biologic Graft Utilization Trends for Rotator Cuff Pathology: Superior Capsular Reconstruction on the Decline

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

### 1. Grant

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 2. Consulting fee or honorarium

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity Arthrex Comments † \_\_\_

### 3. Support for travel to meetings for the study or other purposes

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 5. Payment for writing or reviewing the manuscript

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 6. Provision of writing assistance, medicines, equipment, or administrative support

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 7. Other

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

\* This means money that your institution received for your efforts on this study.

† Use this section to provide any needed explanation.

## Section 3. Relevant financial activities outside the submitted work



1. Board membership

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

2. Consultancy

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity Arthrex  
Comments\_\_\_\_

3. Employment

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

4. Expert testimony

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

5. Grants/grants pending

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

6. Payment for lectures including service on speakers bureaus

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_Arthrex\_  
Comments\_\_\_\_

7. Payment for manuscript preparation

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

8. Patents (planned, pending or issued)

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

9. Royalties

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

10. Payment for development of educational presentations

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

11. Stock/stock options

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

12. Travel/accommodations/ meeting expenses unrelated to activities listed\*\*

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

13. Other (err on the side of full disclosure)

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

\*\* For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

