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.

1. Identifying information.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Bryce

2. **Surname (Last Name)**  
   Van Doren

3. **Date**  
   26-July-2016

4. **Are you the corresponding author?**  
   - No

5. **Manuscript Title**  
   Higher In-hospital Complications Following Ankle Arthrodesis Versus Ankle Arthroplasty: A matched cohort

6. **Manuscript Identifying Number (if you know it)**  

## Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest?  
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## Section 3. Relevant financial activities outside the submitted work.

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- No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- No
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Mr. Van Doren has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)  Anderson
3. Date  26-July-2016
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Higher In-hospital Complications Following Ankle Arthrodesis Versus Ankle Arthroplasty: A matched cohort study

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Anderson reports personal fees from Amniox, personal fees from Wright Medical, personal fees from Arthrex, personal fees from DJ Orthopaedics, outside the submitted work; .

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### Identifying Information

1. Given Name (First Name)  
   Susan

2. Surname (Last Name)  
   Odum

3. Date  
   26-July-2016

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Higher In-hospital Complications Following Ankle Arthrodesis Versus Ankle Arthroplasty: A matched cohort study

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Dr. Odum has nothing to disclose.

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1. Given Name (First Name)  
   W. Hodges

2. Surname (Last Name)  
   Davis

3. Date  
   26-July-2016

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

   Corresponding Author’s Name  
   Susan Odum

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