ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  
   Mark

2. Surname (Last Name)  
   Glazebrook

3. Date  
   04-November-2015

4. Are you the corresponding author? ☑ Yes  ☐ No

5. Manuscript Title  
   A Prospective Study of Four Different Total Ankle Arthroplasty Implants by Non-Design Investigators

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☑ Yes  ☐ No  
If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

<table>
<thead>
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<td>☐</td>
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Dr. Glazebrook reports grants from Depuy -Research grant, during the conduct of the study.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Dryden

3. Date  
   05-May-2016

4. Are you the corresponding author?  
   No

Corresponding Author’s Name  
Dr Mark Glazebrook

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name) Murray
2. Surname (Last Name) Penner
3. Date 05-November-2015
4. Are you the corresponding author? ✔ Yes
   Corresponding Author’s Name Dr. Mark Glazebrook
5. Manuscript Title A Prospective Study of Four Different Total Ankle Arthroplasty Implants by Non-Design Investigators
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2. Surname (Last Name) Lefrancois
3. Date 05-May-2016
4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name Dr Mark Glazebrook
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1. **Given Name (First Name)**
   - Hubert

2. **Surname (Last Name)**
   - Wong

3. **Date**
   - 05-May-2016

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - A prospective study of Four Different Total Ankle Arthroplasty Implants by Non Design Investigators

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

5. **Relationships not covered above.**
   
   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.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)
   Kevin

2. Surname (Last Name)
   Wing

3. Date
   04-November-2015

4. Are you the corresponding author?  
   Yes  ☐  No  ☑
   Corresponding Author’s Name
   Dr Mark Glazebrook

5. Manuscript Title
   A Prospective Study of Four Different Total Ankle Arthroplasty Implants by Non-Design Investigators

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?  ☐ Yes  ☑ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  ☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes ✔ No

Section 5. Relationships not covered above

Are there 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?

□ Yes, the following relationships/conditions/circumstances are present (explain below):

✔ No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Wing reports personal fees from wright medical, other from synthes, from Integra foundation, grants from Arthrex, grants from Amniox, outside the submitted work;.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Alastair

2. Surname (Last Name)  
   Younger

3. Date  
   06-November-2015

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Glazebrook

5. Manuscript Title  
   A prospective study of Four Different Total Ankle Arthroplasty Implants by Non Design Investigators

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?  
   Yes  ✔  No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   Yes  ✔  No

If yes, please fill out the appropriate information below.

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

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<td>Personally funded</td>
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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

## Section 5. Relationships not covered above

Are there 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?

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Timothy
2. Surname (Last Name) Daniels
3. Date 18-November-2015
4. Are you the corresponding author? ✓ Yes  □ No

5. Manuscript Title
A Prospective Study of Four Different Total Ankle Arthroplasty Implants by Non-Design Investigators

6. Manuscript Identifying Number (if you know it)

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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<td>consulting fee/honorarium; support for travel expense</td>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- Yes ◐
- No ✔

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