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

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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.**

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Boris
2. Surname (Last Name) Zelle
3. Date  13-January-2014
4. Are you the corresponding author?  Yes  No
5. Manuscript Title Primary Arthrodesis of the Tibio-Talar Joint in Severely Comminuted High-Energy Pilon Fractures
6. Manuscript Identifying Number (if you know it) JBJS-D-13-00544

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.

<table>
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<th>Name of Entity</th>
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</table>

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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. Zelle reports grants from Orthopaedic Trauma Association, personal fees from Synthes, personal fees from AO North America, 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) Ryan
2. Surname (Last Name) McMillen
3. Date 14-January-2014
4. Are you the corresponding author?  ☑ No

5. Manuscript Title
   Primary Arthrodesis of the Tibio-Talar Joint in Severely Comminuted High-Energy Pilon Fractures

6. Manuscript Identifying Number (if you know it)
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Dr. McMillen has nothing to disclose.

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<td>Gruen</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

Corresponding Author’s Name  
Boris Zelle, MD

5. Manuscript Title  
“Primary Arthrodesis of the Tibio-Talar Joint in Severely Comminuted High-Energy Pilon Fractures”

6. Manuscript Identifying Number (if you know it) 

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1. Given Name (First Name)  
   Jason
2. Surname (Last Name)  
   Dahl
3. Date  
   15-January-2014
4. Are you the corresponding author?  
   [ ] Yes  [X] No
   Corresponding Author’s Name  
   Zelle, Boris
5. Manuscript Title  
   Primary Arthrodesis of the Tibio-Talar Joint in Severely Comminuted High-Energy Pilon Fractures
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