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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**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)
   Sander

2. Surname (Last Name)
   van Hoeve

3. Date
   29-November-2014

4. Are you the corresponding author?
   ✔ Yes   No

5. Manuscript Title
   Gait analysis and functional outcome after calcaneal fractures

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?
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Are there any relevant conflicts of interest?
   ✔ Yes   No

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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Section 6. Disclosure Statement

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There was no funding for this manuscript or conflict of interest.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Jim
2. Surname (Last Name) de Vos
3. Date 20-April-2015

4. Are you the corresponding author? □ Yes ☑ No
   Corresponding Author’s Name S. van Hoeve

5. Manuscript Title
   Gait analysis and functional outcome after calcaneal fractures

6. Manuscript Identifying Number (if you know it)

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Dr. de Vos has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Willems

3. Date  
   20-April-2015

4. Are you the corresponding author?  
   Yes [ ] No [x]

Corresponding Author’s Name  
   S. van Hoeve

5. Manuscript Title  
   Gait analysis and functional outcome after calcaneal fractures

6. Manuscript Identifying Number (if you know it)

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   Yes [ ] No [x]

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes [ ] No [x]
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Dr. Willems has nothing to disclose.

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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Jan</td>
<td>Verbruggen</td>
<td>19-April-2015</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
Gait analysis and functional outcome after calcaneal fractures

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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☐ No
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Dr. Verbruggen has nothing to disclose.

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Poeze
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Martijn

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

3. **Date**
   - 21-April-2015

4. **Are you the corresponding author?**
   - Yes [✓]

5. **Manuscript Title**
   - Gait analysis and functional outcome after calcaneal fractures

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

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

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Dr. Poeze has nothing to disclose.

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Pending: The patent has been filed but not issued
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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

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1. Given Name (First Name)  
   Kenneth

2. Surname (Last Name)  
   Meijer

3. Date  
   21-April-2015

4. Are you the corresponding author?  
   Yes [ ]  
   No [x]

   Corresponding Author’s Name  
   S. van Hoeve

5. Manuscript Title  
   Gait analysis and functional outcome after calcaneal fractures

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.)?

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Dr. Meijer has nothing to disclose.

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