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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Section 1. Identifying Information

1. Given Name (First Name) Justin
2. Surname (Last Name) Fox
3. Date 04-November-2014
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author’s Name
Matthew Cavo

5. Manuscript Title
Association Between Diabetes, Obesity, and Short-Term Outcomes Among Patients Surgically Treated for Ankle Fractures

6. Manuscript Identifying Number (if you know it)
JBJS-D-14-00789R1

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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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. Fox has nothing to disclose.

Evaluation and Feedback

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Richard</td>
<td>Laughlin</td>
<td>04-November-2014</td>
</tr>
</tbody>
</table>

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Corresponding Author's Name
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Dr. Laughlin has nothing to disclose.

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

2. **Surname (Last Name)**  
   Markert

3. **Date**  
   04-November-2014

4. Are you the corresponding author?  
   Yes [ ]  No [x]  
   **Corresponding Author’s Name**  
   Matthew Cavo

5. **Manuscript Title**  
   Association Between Diabetes, Obesity, and Short-Term Outcomes Among Patients Surgically Treated for Ankle Fractures

6. **Manuscript Identifying Number (if you know it)**  
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1. Given Name (First Name)  
   Matthew  

2. Surname (Last Name)  
   Cavo  

3. Date  
   14-July-2014  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

5. Manuscript Title  
   Association between diabetes, obesity, and short term outcomes among patients surgically treated for ankle fractures  

6. Manuscript Identifying Number (if you know it)  

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