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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3. Relevant financial activities outside the submitted work.
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   - 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.

Definitions.
- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
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- **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)**  
   Timothy  
2. **Surname (Last Name)**  
   Daniels  
3. **Date**  
   03-October-2014  
4. **Are you the corresponding author?**  
   Yes ✔  
5. **Manuscript Title**  
   Long-term outcomes of total ankle replacement with the Scandinavian Total Ankle Replacement (STAR)  
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**  
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.

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## 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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<th>Name of Entity</th>
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<th>Personal Fees?</th>
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<td>consulting fee/honorarium; support for travel expense</td>
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<td></td>
<td>consulting fee/honorarium; support for travel expense</td>
</tr>
</tbody>
</table>

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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Daniels reports grants and personal fees from Integra, grants and personal fees from Depuy, during the conduct of the study; grants and personal fees from Stryker, grants and personal fees from Biomimetics/Wright Medical, personal fees from Wright Medical Technology (WMT), personal fees from Carticept, outside the submitted work.
Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   D. Joshua

2. Surname (Last Name)  
   Mayich

3. Date  
   03-October-2014

4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No  
   Corresponding Author’s Name  
   Timothy R. Daniels

5. Manuscript Title  
   Long-term outcomes of total ankle replacement with the Scandinavian Total Ankle Replacement (STAR)

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   ☐ No

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<th>Comments</th>
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<td>☐</td>
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<td>unrestricted educational grant</td>
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Dr. Mayich reports grants from DePuy/Synthes, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)     Murray
2. Surname (Last Name)          Penner
3. Date                         03-October-2014
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
   Long-term outcomes of total ankle replacement with the Scandinavian Total Ankle Replacement (STAR)
6. Manuscript Identifying Number (if you know it)

Corresponding Author’s Name
Timothy R. Daniels

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Dr. Penner reports personal fees from Wright Medical Technologies, personal fees from Specialist Referral Clinic, grants and personal fees from Integra LifeSciences, personal fees from Vancouver Coastal Health Authority and Providence Health Care, outside the submitted work.

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