ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)**
   - Carlotta

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

3. **Date**
   - 16-September-2014

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

   **Corresponding Author’s Name**
   - Cesare Faldini

5. **Manuscript Title**
   - Surgical Treatment Of Cavus Foot In Charcot-Marie-Tooth Disease. A Review Of Twenty-four Cases.

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-14-00794R1

## 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 [x]

## Section 3. Relevant financial activities outside the submitted work.

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- No [x]

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Calamelli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Daniele

2. Surname (Last Name)  
Fabbri

3. Date  
16-September-2014

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

Corresponding Author’s Name  
Cesare Faldini

5. Manuscript Title  
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Dr. Fabbri has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Cesare

2. Surname (Last Name)  
   Faldini

3. Date  
   24-June-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Surgical Treatment of Cavus Foot In Charcot-Marie-Tooth Disease. A Review Of Twenty-four Cases

6. Manuscript Identifying Number (if you know it)

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<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>Sandro</td>
<td>Giannini</td>
<td>16-September-2014</td>
</tr>
</tbody>
</table>

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

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<td>Cesare Faldini</td>
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Section 1. Identifying Information

1. Given Name (First Name)  Antonio
2. Surname (Last Name)  Mazzotti
3. Date  16-September-2014
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Cesare Faldini

5. Manuscript Title
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Dr. Mazzotti has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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<th>1. Given Name (First Name)</th>
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</tr>
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<td>4. Are you the corresponding author?</td>
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<td>Corresponding Author’s Name</td>
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**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.**

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Nanni has nothing to disclose.

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