ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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1. **Identifying information.**
   - **Amendola**

2. **The work under consideration for publication.**
   - This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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   - This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)**: Annunziato
- **2. Surname (Last Name)**: Amendola
- **3. Date**: 11-August-2014
- **4. Are you the corresponding author?**
  - Yes [X]  
  - No [ ]
- **Corresponding Author’s Name**: Mai P. Nguyen
- **5. Manuscript Title**: Long-term follow-up of patients with ankle distraction as a treatment for end stage osteoarthritis
- **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 [X]  
- 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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Are there any relevant conflicts of interest?  
- Yes [X]  
- No [ ]

If yes, please fill out the appropriate information below.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Yubo
2. Surname (Last Name)  Gao
3. Date  11-August-2014
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Long-term follow-up of patients with ankle distraction as a treatment for end stage osteoarthritis
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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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. Gao has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Mai

2. Surname (Last Name)  
Nguyen

3. Date  
11-August-2014

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

5. Manuscript Title  
Long-term follow-up of patients with ankle distraction as a treatment for end stage osteoarthritis

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  Douglas
2. Surname (Last Name)  Pedersen
3. Date  11-August-2014
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
   Long-term follow-up of patients with ankle distraction as a treatment for end stage osteoarthritis

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## Section 1. Identifying Information

1. **Given Name (First Name)**  
   charles
2. **Surname (Last Name)**  
   saltzman
3. **Date**  
   11-August-2014
4. **Are you the corresponding author?**  
   Yes
5. **Manuscript Title**  
   Long-term follow-up of patients with ankle distraction as a treatment for end stage osteoarthritis
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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<td>National Institutes of Health</td>
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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.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td>Smith &amp; Nephew</td>
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<td>completely unrelated to the study subject</td>
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</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

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):

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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. saltzman reports grants from AO North America, grants from National Institutes of Health, during the conduct of the study; personal fees from Smith & Nephew, outside the submitted work.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.