ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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4. **Intellectual Property.**

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Eric
2. Surname (Last Name) Ferkel
3. Date 14-December-2015
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Kurt Hofmann
5. Manuscript Title
   Salto Talaris total ankle arthroplasty: Early clinical results from eighty-one consecutive patients by a single surgeon
6. Manuscript Identifying Number (if you know it)

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Dr. Ferkel has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Jockel

3. Date  
   14-December-2015

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Kurt Hofmann

5. Manuscript Title  
   Salto Talaris total ankle arthroplasty: Early clinical results from eighty-one consecutive patients by a single surgeon

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Jockel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Kurt
2. Surname (Last Name)  Hofmann
3. Date  14-December-2015
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Salto Talaris total ankle arthroplasty: Early clinical results from eighty-one consecutive patients by a single surgeon

6. Manuscript Identifying Number (if you know it)

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Slovenkai

3. Date  
14-December-2015

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

Corresponding Author’s Name  
Kurt Hofmann, MD

5. Manuscript Title  
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☐ No

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**
   - 14-December-2015

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Salto Talaris total ankle arthroplasty: Early clinical results from eighty-one consecutive patients by a single surgeon

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

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- Yes
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- Yes
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Dr. Shabin has nothing to disclose.

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