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)  
   Judith
2. Surname (Last Name)  
   Baumhauer
3. Date  
   13-July-2014
4. Are you the corresponding author?  
   ✔ Yes  
   No
5. Manuscript Title  
   Clinical Outcome of Nonunions in Hindfoot and Ankle Fusions
6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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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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<tr>
<td>Biomimetic Therapeutics, LLC</td>
<td>✔</td>
<td>No</td>
<td>No</td>
<td>✔</td>
<td>Grant for research and initial consultant on research design and methodology. After completion of research, delivered presentation of PMA to FDA</td>
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<tr>
<td>Wright Medical</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>Consultant on FDA submission</td>
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Section 6. Disclosure Statement

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Dr. Baumhauer reports grants and other from Biomimetic Therapeutics, LLC during the conduct of the study and from Wright Medical after conclusion of study as a research consultant.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Timothy

2. Surname (Last Name)  
   Daniels

3. Date  
   17-December-2013

4. Are you the corresponding author?  
   Yes ✔ No

5. Manuscript Title  
   Clinical Outcome of Nonunions in Hindfoot and Ankle Fusions

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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### Section 1. Identifying Information

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

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

3. **Date**
   - 11-July-2014

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

5. **Manuscript Title**
   - Clinical Outcome of Nonunions in Hindfoot and Ankle Fusions

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

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<td>BioMimetic Therapeutics</td>
<td>❌</td>
<td>✔</td>
<td>❌</td>
<td>❌</td>
<td>I was (and am) an employee of BioMimetics. Doing analyses of this type are part of my job.</td>
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Section 1. Identifying Information

1. Given Name (First Name)
   Peter

2. Surname (Last Name)
   Evangelista

3. Date
   23-December-2013

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author’s Name
   Alastair S. E. Younger

5. Manuscript Title
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<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
<td>Consultant, Travel support to meetings for the study, institution received compensation for blocked research time.</td>
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Mark

2. Surname (Last Name)  
   Glazebrook

3. Date  
   15-December-2013

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

   Corresponding Author’s Name  
   Alastair S. E. Younger

5. Manuscript Title  
   Clinical Outcome of Nonunions in Hindfoot and Ankle Fusions

6. Manuscript Identifying Number (if you know it)

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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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<td>✔</td>
<td>☐</td>
<td>☐</td>
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</table>

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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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<tr>
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</tr>
<tr>
<td>3. Date</td>
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<td>4. Are you the corresponding author?</td>
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Are there any relevant conflicts of interest? Yes [ ] No [✔]

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Are there any relevant conflicts of interest? Yes [ ] No [✔]

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes [ ] No [✔]

Krause
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?

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Dr. Krause has nothing to disclose.

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Pinzur
# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<th>1. Given Name (First Name)</th>
<th>Michael</th>
</tr>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Pinzur</td>
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<tr>
<td>3. Date</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔</td>
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<td>5. Manuscript Title</td>
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<tr>
<td>Wright Medical (Biomimetics)</td>
<td>✔</td>
<td>✔</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Gowreeson
2. Surname (Last Name)  Thevendran
3. Date  09-July-2014
4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name  Alastair S. E. Younger
5. Manuscript Title  Clinical Outcome of Nonunions in Hindfoot and Ankle Fusions
6. Manuscript Identifying Number (if you know it)

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Dr. Thevendran has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Alastair  

2. Surname (Last Name)  
   Younger  

3. Date  
   17-December-2013  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

5. Manuscript Title  
   Clinical Outcome of Nonunions in Hindfoot and Ankle Fusions  

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Are there any relevant conflicts of interest?  
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<td>Research support for RCT</td>
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<th>Other?</th>
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### ICMJE Form for Disclosure of Potential Conflicts of Interest

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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>✗</td>
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<td>Bioset</td>
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<td>Sponsored RCT study</td>
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<td>✗</td>
<td>✗</td>
<td>Study of fractures in patients with Diabetes</td>
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<td>Smith and Nephew</td>
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<td>✗</td>
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<td>Synthes</td>
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<td>✗</td>
<td>✗</td>
<td>Educational support</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
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.

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>fastening device for total ankle arthroplasty</td>
<td>✗</td>
<td>✗</td>
<td>✔</td>
<td>✗</td>
<td>Dr. Alastair Younger</td>
<td>Personally funded</td>
</tr>
</tbody>
</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Younger reports personal fees from Biomimetic Inc., grants from Biomimetic Inc., during the conduct of the study; personal fees from Acumed, personal fees from Carticept, grants from COA - Hip Hip Hooray, grants from University of British Columbia, grants from St. Paul's Hospital Foundation, grants from American Orthopaedic Foot and Ankle Society, grants from Canadian Orthopaedic Research Legacy fund, grants from Bioset, grants from Orthopaedic Research Excellence Fund, grants from Integra foundation, grants from Carticept, grants from Acumed Inc., grants from Smith and Nephew, grants from Synthes, outside the submitted work; In addition, Dr. Younger has a patent fastening device for total ankle arthroplasty licensed to Dr. Alastair Younger.

Evaluation and Feedback

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

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”.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.


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.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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)**  
   Christopher

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

3. **Date**  
   26-January-2016

4. **Are you the corresponding author?**  
   ✔ Yes  
   No

5. **Manuscript Title**  
   Clinical Outcome of Nonunions in Hindfoot and Ankle Fusions

6. **Manuscript Identifying Number (if you know it)**  
   JBJS-D-14-00872R1

## 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.

<table>
<thead>
<tr>
<th></th>
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<td>Biomimetics Therapeutics Inc.</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Grant paid to me and my institution as part of original study performance and dataset only</td>
</tr>
</tbody>
</table>

## 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>
<thead>
<tr>
<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>Board membership; unpaid position</td>
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<tr>
<td>Wright Medical, Inc.</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
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<td>Consulting fees; stock/stock options</td>
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</tbody>
</table>

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