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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5. Relationships not covered above.
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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)  
   James

2. Surname (Last Name)  
   Nunley

3. Date  
   22-November-2017

4. Are you the corresponding author?  
   Yes ☑  No

   Corresponding Author’s Name  
   Daniel Cunningham

5. Manuscript Title  
   Do Patient Risk Factors Impact 90-Day Readmission and Emergency Department Visits after Total Ankle Arthroplasty? Implications for the CJR Bundled Payment Plan

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

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

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

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Dr. Nunley reports grants from Breg, other from Bristol-Myers Squibb, personal fees from Exactech, grants from Integra, other from Johns & Johnson, other from Merck, personal fees from Springer, Datatrace, grants from Synthes, grants from Tornier, personal fees from Trimed, personal fees from Wright Medical Technology, outside the submitted work; .

Nunley
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### Section 1. Identifying Information

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

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

3. **Date**
   - 22-November-2017

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

5. **Corresponding Author's Name**
   - Daniel Cunningham

6. **Manuscript Title**
   - Do Patient Risk Factors Impact 90-Day Readmission and Emergency Department Visits after Total Ankle Arthroplasty?
   - Implications for the CJR Bundled Payment Plan

7. **Manuscript Identifying Number (if you know it)**
   - [ ]

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

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Adams
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Dr. Adams reports personal fees from 4web, personal fees from Medshape, personal fees from Regeneration Technologies, Inc., personal fees from Sonoma Orthopaedics, personal fees from Stryker, personal fees from Orthofix, non-financial support from American Orthopaedic Foot and Ankle Society, outside the submitted work.

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   James

2. Surname (Last Name)  
   DeOrio

3. Date  
   22-November-2017

4. Are you the corresponding author?  
   Yes  ✔

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- [ ] Yes  
- [x] No

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**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)  
Mark

2. Surname (Last Name)  
Easley

3. Date  
22-November-2017

4. Are you the corresponding author?  
Yes ☑ No

Corresponding Author’s Name  
Daniel Cunningham

5. Manuscript Title  
Do Patient Risk Factors Impact 90-Day Readmission and Emergency Department Visits after Total Ankle Arthroplasty? Implications for the CJR Bundled Payment Plan

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

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>
<th>Grant</th>
<th>Personal Fees</th>
<th>Non-Financial Support</th>
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Easley
ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>Publishing royalties</td>
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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?

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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Easley reports grants from Acumed, other from American Orthopaedic Foot and Ankle Society, personal fees from Exactech, other from Journal Bone and Joint Surgery, personal fees from Orthofix, personal fees from Saunders/Mosby-Elsevier, personal fees from SBI, personal fees from Stryker, personal fees from Tornier, personal fees from Trimed, personal fees from Wolters Kluwer Health - Lippincott Williams & Wilkins, outside the submitted work;.
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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.

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Definitions.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
Daniel

2. Surname (Last Name)  
Cunningham

3. Date  
22-November-2017

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
Do Patient Risk Factors Impact 90-Day Readmission and Emergency Department Visits after Total Ankle Arthroplasty? Implications for the CJR Bundled Payment Plan

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No

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✔ 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
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Dr. Cunningham has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Vasili
2. Surname (Last Name)  Karas
3. Date  22-November-2017
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Daniel Cunningham
5. Manuscript Title
   Do Patient Risk Factors Impact 90-Day Readmission and Emergency Department Visits after Total Ankle Arthroplasty? Implications for the CJR Bundled Payment Plan
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Dr. Karas has nothing to disclose.

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