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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Daniel
2. Surname (Last Name)  McKearney
3. Date  29-June-2018
4. Are you the corresponding author?  ✔ No
5. Manuscript Title  Functional Effects of Anterior and Posterior Malalignments in Total Ankle Arthroplasty
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?  ✔ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Daniel McKearney has nothing to disclose.

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1. Given Name (First Name)  
   Bruce

2. Surname (Last Name)  
   Sangeorzan

3. Date  
   29-June-2018

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

Corresponding Author’s Name  
   Ledoux

5. Manuscript Title  
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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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<tr>
<td>JBJS</td>
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<td></td>
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<td>✔</td>
<td>Deputy Editor for The Journal of Bone and Joint Surgery</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
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Dr. Sangeorzan reports other from JBJS, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Brian

2. Surname (Last Name)  
   Cook

3. Date  
   02-January-2019

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

   Corresponding Author’s Name  
   William Ledoux

5. Manuscript Title  
   Functional Effects of Anterior and Posterior Malalignments in Total Ankle Arthroplasty

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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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Mr. Cook reports grants from Department of Veteran Affairs, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)  
Bryan

2. Surname (Last Name)  
Monier

3. Date  
22-July-2018

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

Corresponding Author’s Name  
William Ledoux

5. Manuscript Title  
Functional Effects of Anterior and Posterior Malalignments in Total Ankle Arthroplasty

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Dr. Monier has nothing to disclose.

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</tr>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Stender</td>
</tr>
<tr>
<td>3. Date</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>William Ledoux</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Functional Effects of Anterior and Posterior Malalignments in Total Ankle Arthroplasty</td>
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Are there any relevant conflicts of interest? Yes ✔ No

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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)  
   Erik

2. Surname (Last Name)  
   Moore

3. Date  
   01-July-2018

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Dr. William R. Ledoux

5. Manuscript Title  
   Functional Effects of Anterior and Posterior Malalignments in Total Ankle Arthroplasty

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.)?  

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Erik Moore has nothing to disclose.

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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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<th>3. Date</th>
<th>4. Are you the corresponding author?</th>
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<tbody>
<tr>
<td>William</td>
<td>Ledoux</td>
<td>28-June-2018</td>
<td>Yes ✔ No</td>
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Dr. Ledoux has nothing to disclose.

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<tr>
<th>1. Given Name (First Name)</th>
<th>Lea</th>
</tr>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Gunnell</td>
</tr>
<tr>
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<td>03-December-2018</td>
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