ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Other: Anything not covered under the previous three boxes

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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)  
   Chris  

2. Surname (Last Name)  
   Anthony  

3. Date  
   31-May-2019  

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

   Corresponding Author’s Name  
   Kyle John Hancock, MD  

5. Manuscript Title  
   Efficacy of Multimodal Analgesic Injections in Operatively Treated Ankle Fractures: A Randomized Controlled Trial  

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00293R1

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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
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**Section 4. Intellectual Property -- Patents & Copyrights**

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Dr. Anthony 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) Kyle
2. Surname (Last Name) Hancock
3. Date 21-May-2019
4. Are you the corresponding author? ✔ Yes  No
5. Manuscript Title Efficacy of Multimodal Analgesic Injections in Operatively Treated Ankle Fractures: A Randomized Controlled Trial
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00293

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### Section 1. Identifying Information

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

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

3. **Date**
   - 31-May-2019

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

5. **Manuscript Title**
   - Efficacy of Multimodal Analgesic Injections in Operatively Treated Ankle Fractures: A Randomized Controlled Trial

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-19-00293R1

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

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Are there any relevant conflicts of interest?

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- Yes
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

- Yes
- No
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**Section 1. Identifying Information**

1. Given Name (First Name) | Matt
2. Surname (Last Name) | Hogue
3. Date | 31-May-2019
4. Are you the corresponding author? | Yes
5. Manuscript Title | Efficacy of Multimodal Analgesic Injections in Operatively Treated Ankle Fractures: A Randomized Controlled Trial
6. Manuscript Identifying Number (if you know it) | JBJS-D-19-00293R1

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   Karam
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   Efficacy of Multimodal Analgesic Injections in Operatively Treated Ankle Fractures: A Randomized Controlled Trial

### Corresponding Author’s Name
Kyle John Hancock, MD

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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
Section 1. Identifying Information

1. Given Name (First Name)  
J. Lawrence

2. Surname (Last Name)  
Marsh

3. Date  
31-May-2019

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

Corresponding Author’s Name  
Kyle John Hancock, MD

5. Manuscript Title  
Efficacy of Multimodal Analgesic Injections in Operatively Treated Ankle Fractures: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)  
JBJS-D-19-00293R1

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 ☑

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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Section 5. Relationships not covered above

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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. Marsh has nothing to disclose.

Evaluation and Feedback

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**Instructions**

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2. **The work under consideration for publication.**

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Olivia</td>
<td>Rice</td>
<td>31-May-2019</td>
</tr>
</tbody>
</table>

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   - No  ✔

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Dr. Rice has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Michael

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

3. **Date**  
   31-May-2019

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

   **Corresponding Author’s Name**  
   Kyle John Hancock, MD

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