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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**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)         2. Surname (Last Name) 3. Date
Colin                              Harrington           02-October-2016

4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name
Dr. Benjamin Potter

5. Manuscript Title
A Combined Distal Tibia Turn-up Plasty and Intercalary Calcaneal Osteocutaneous Fillet Flap for Salvage of a Transtibial Amputation

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

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 6. Disclosure Statement

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Mr. Harrington 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)  
   Sean

2. Surname (Last Name)  
   Wade

3. Date  
   10-October-2016

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Dr. Benjamin K. Potter

5. Manuscript Title  
   A Combined Distal Tibia Turn-up Plasty and Intercalary Calcaneal Osteocutaneous Fillet Flap for Salvage of a Transtibial Amputation

6. Manuscript Identifying Number (if you know it)  

Section 2. The Work Under Consideration for Publication

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Dr. Wade has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Fleming

3. Date  
17-October-2016

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

Corresponding Author’s Name  
Benjamin Kyle Potter

5. Manuscript Title  
A Combined Distal Tibia Turn-up Plasty and Intercalary Calcaneal Osteocutaneous Fillet Flap for Salvage of a Transtibial Amputation

6. Manuscript Identifying Number (if you know it)  
FAI-16-0594

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Dr. Fleming has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Benjamin

2. Surname (Last Name)  
Potter

3. Date  
12-October-2016

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

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

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<th>Non-Financial Support?</th>
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Dr. Potter reports other from Zimmer-Biomet, other from Society of Military Orthopaedic Surgeons, personal fees from Clinical Orthopaedics and Related Research/Association of Bone and Joint Surgeons, outside the submitted work.

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