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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Andrew</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Strydom</td>
</tr>
<tr>
<td>3. Date</td>
<td>15-October-2015</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Isolated Subtalar Arthrodesis</td>
</tr>
<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
<td></td>
</tr>
</tbody>
</table>

Corresponding Author’s Name: Paulo Ferrao

## 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

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Dr. Strydom has nothing to disclose.

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Paulo Ferrao

**Manuscript Title**

Isolated Subtalar Arthrodesis

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1. Given Name (First Name)  
   Paulo

2. Surname (Last Name)  
   Ferrao

3. Date  
   20-August-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Isolated Subtalar Arthrodesis

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