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.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Samuel

2. Surname (Last Name)  
   Adams

3. Date  
   05-September-2015

4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author’s Name  
   Mark E. Easley

5. Manuscript Title  
   Tibiotalar arthrodesis conversion to Total Ankle Arthroplasty. Surgical technique

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   Yes ☐  No ☑

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   Yes ☑  No ☐

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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. Adams reports grants from OREF, personal fees from Stryker, personal fees from rti Surgical, personal fees from Medshape, personal fees from Harvest, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  
   James

2. Surname (Last Name)  
   DeOrio

3. Date  
   05-September-2015

4. Are you the corresponding author?   
   ☑ No

   Corresponding Author’s Name  
   Mark E Easley

5. Manuscript Title  
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Dr. DeOrio reports other from SBI, other from Tornier, other from Stryker, other from Wright Med, outside the submitted work.

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1. Given Name (First Name) 
   Mark

2. Surname (Last Name) 
   Easley

3. Date 
   05-September-2015

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

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James

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nunley

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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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)  
   Manuel J

2. Surname (Last Name)  
   Pellegrini

3. Date  
   05-September-2015

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

   Corresponding Author’s Name  
   Mark E Easley

5. Manuscript Title  
   Tibialtalar arthrodesis conversion to Total Ankle Arthroplasty. Surgical technique

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 ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Pellegrini reports other from Synthes, other from Promedon (Arthrex), outside the submitted work; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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.**

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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) Robin
2. Surname (Last Name) Queen
3. Date 05-September-2015
4. Are you the corresponding author? □ Yes  ✔ No
Corresponding Author’s Name Mark Easley
5. Manuscript Title Tibiotalar arthrodesis conversion to 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.)? □ Yes  ✔ No

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Are there any relevant conflicts of interest?  ✔ Yes  □ No
If yes, please fill out the appropriate information below.

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Dr. Queen reports grants from Stryker, grants from DonJoy, personal fees from Quest Diagnostics, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Adam  

2. Surname (Last Name)  
   Schiff  

3. Date  

4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Mark Easley  

5. Manuscript Title  
   Tibiotalar arthrodesis conversion to Total Ankle Arthroplasty  

6. Manuscript Identifying Number (if you know it)  

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Are there any relevant conflicts of interest?  
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Dr. Schiff reports personal fees from Stryker Orthopaedics, outside the submitted work.

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