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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   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)  
John

2. Surname (Last Name)  
Kennedy

3. Date  
04-July-2019

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

5. Manuscript Title  
Arthroscopic Anterior Talofibular Ligament Repair - Two-Portal 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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant</th>
<th>Personal Fees</th>
<th>Non-Financial Support</th>
<th>Other</th>
<th>Comments</th>
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<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Consultant</td>
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<tr>
<td>The Ohnell Family Foundation</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Mr. and Mrs. Michael J Levitt</td>
<td>☑</td>
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</tbody>
</table>

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☐ Yes  ☑ No
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Section 6. Disclosure Statement

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Dr. Kennedy reports grants from Arterioocyte, Inc, grants from The Ohnell Family Foundation, grants from Mr. and Mrs. Michael J Levitt, outside the submitted work.

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)  Yoshiharu
2. Surname (Last Name)  Shimozono
3. Date  04-July-2019

4. Are you the corresponding author?  Yes  □ No  □
  Corresponding Author’s Name  John G Kennedy

5. Manuscript Title
Arthroscopic Anterior Talofibular Ligament Repair – Two-Portal Technique

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Dr. Shimozono has nothing to disclose.

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1. Given Name (First Name)  
   Masato

2. Surname (Last Name)  
   Takao

3. Date  
   04-July-2019

4. Are you the corresponding author?  
   Yes  
   No  
   Corresponding Author’s Name  
   John G Kennedy

5. Manuscript Title  
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Dr. Takao has nothing to disclose.

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1. Given Name (First Name)  
   Alexander

2. Surname (Last Name)  
   Hoberman

3. Date  
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4. Are you the corresponding author?  
   [ ] Yes  [✓] No  
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Dr. Hoberman has nothing to disclose.

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