ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. **Intellectual Property.**

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

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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  
   08-August-2015  
4. Are you the corresponding author?  
   ✔ Yes  
   No  
5. Manuscript Title  
   Operative Treatment of Lateral Ankle Instability  
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

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

<table>
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<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>Research Grant to Hospital for Special Surgery; Consultant</td>
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<tr>
<td>Ohnell Family Foundation</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Research Grant to Hospital for Special Surgery</td>
</tr>
<tr>
<td>Mr. and Mrs. Michael J. Levitt</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Research Grant to Hospital for Special Surgery</td>
</tr>
</tbody>
</table>

Kennedy
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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. Kennedy reports grants and personal fees from Arteriocyte, Inc., grants from Ohnell Family Foundation, grants from Mr. and Mrs. Michael J. Levitt, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Murawski

3. Date  
   08-August-2015

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

Corresponding Author’s Name  
John G. Kennedy

5. Manuscript Title  
Operative Treatment of Lateral Ankle Instability

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Mr. Murawski has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Masato

2. Surname (Last Name)  
Takao

3. Date  
08-August-2015

4. Are you the corresponding author?  
Yes ✔ No

5. Manuscript Title  
Operative Treatment of Lateral Ankle Instability

6. Manuscript Identifying Number (if you know it)

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Dr. Takao has nothing to disclose.

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**Section 1. Identifying Information**

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

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

3. **Date**
   - 08-August-2015

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

5. **Manuscript Title**
   - Operative Treatment of Lateral Ankle Instability

6. **Manuscript Identifying Number (if you know it)**

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Ms. Wollstein has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name) | Youichi
2. Surname (Last Name)     | Yasui
3. Date                    | 08-August-2015

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

5. Manuscript Title
   Operative Treatment of Lateral Ankle Instability

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Dr. Yasui has nothing to disclose.

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