ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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<table>
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</thead>
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<td>2. Surname (Last Name)</td>
<td>Chauhan</td>
</tr>
<tr>
<td>3. Date</td>
<td>02-October-2016</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Edward Westrick</td>
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<td>5. Manuscript Title</td>
<td>The Acute Management and Associated Complications of Major Talus Injuries</td>
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<td>6. Manuscript Identifying Number (if you know it)</td>
<td>REVIEWS-D-16-00075R1</td>
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## 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? ☑ 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.

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## Section 4. Intellectual Property -- Patents & Copyrights

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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. Chauhan has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gregory

2. Surname (Last Name)  
   Altman

3. Date  
   02-October-2016

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Edward Westrick

5. Manuscript Title  
   The Acute Management and Associated Complications of Major Talus Injuries

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-16-00075R1

Section 2. The Work Under Consideration for Publication

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   Yes ☑ No

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   Yes ☑ No

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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Dr. Altman reports grants from COTA, personal fees from AO North America, outside the submitted work;

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1. Given Name (First Name)  Michael
2. Surname (Last Name)  Maher
3. Date  02-October-2016
4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name  Edward Westrick
5. Manuscript Title
The Acute Management and Associated Complications of Major Talus Injuries
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Dr. Maher has nothing to disclose.

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1. Given Name (First Name)  
   Edward

2. Surname (Last Name)  
   Westrick

3. Date  
   02-October-2016

4. Are you the corresponding author?  
   Yes  No  ✔

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