

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Carlotta	2. Surname (Last Name) Calamelli	3. Date 16-September-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Cesare Faldini
5. Manuscript Title Surgical Treatment Of Cavus Foot In Charcot-Marie-Tooth Disease. A Review Of Twenty-four Cases.		
6. Manuscript Identifying Number (if you know it) JBJS-D-14-00794R1		

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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. Calamelli has nothing to disclose.

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1. Given Name (First Name) Daniele	2. Surname (Last Name) Fabbri	3. Date 16-September-2014
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### Section 1. Identifying Information

1. Given Name (First Name)

Cesare

2. Surname (Last Name)

Faldini

3. Date

24-June-2014

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Surgical Treatment of Cavus Foot In Charcot-Marie-Tooth Disease. A Review Of Twenty-four Cases

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Sandro

2. Surname (Last Name)

Giannini

3. Date

16-September-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Cesare Faldini

5. Manuscript Title

Surgical Treatment Of Cavus Foot In Charcot-Marie-Tooth Disease. A Review Of Twenty-four Cases.

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1. Given Name (First Name) Antonio	2. Surname (Last Name) Mazzotti	3. Date 16-September-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Cesare Faldini
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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Matteo	2. Surname (Last Name) Nanni	3. Date 16-September-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Cesare Faldini
5. Manuscript Title Surgical Treatment Of Cavus Foot In Charcot-Marie-Tooth Disease. A Review Of Twenty-four Cases.		
6. Manuscript Identifying Number (if you know it) JBJS-D-14-00794R1		

### 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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Nanni has nothing to disclose.

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## 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Camilla

2. Surname (Last Name)  
Pungetti

3. Date  
16-September-2014

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name  
Cesare Faldini

5. Manuscript Title  
Surgical Treatment Of Cavus Foot In Charcot-Marie-Tooth Disease. A Review Of Twenty-four Cases.

6. Manuscript Identifying Number (if you know it)  
JBJS-D-14-00794R1

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Dr. Pungetti has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Francesco	2. Surname (Last Name) Traina	3. Date 16-September-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Cesare Faldini
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