

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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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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.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Elizabeth	2. Surname (Last Name) Pedersen	3. Date 27-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Timothy R. Daniels
5. Manuscript Title Outcome of Total Ankle Arthroplasty in Patients with Rheumatoid Arthritis and Non-Inflammatory Arthritis: A Multicenter Cohort Study Comparing Clinical Outcome and Safety		
6. Manuscript Identifying Number (if you know it) JBJS-D-13-01164R2		

Section 2. The Work Under Consideration for Publication

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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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Alberta Health and Wellness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For employment as an orthopaedic surgeon
WCB Alberta	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grants/grants pending paid to me, for study on ankle stiffness

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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Section 6. Disclosure Statement

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Dr. Pedersen reports personal fees from Alberta Health and Wellness , grants from WCB Alberta, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Alastair	2. Surname (Last Name) Younger	3. Date 27-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Timothy R. Daniels
5. Manuscript Title Outcome of Total Ankle Arthroplasty in Patients with Rheumatoid Arthritis and Non-Inflammatory Arthritis: A Multicenter Cohort Study Comparing Clinical Outcome and Safety		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Acumed Inc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy fees; grants paid to my institution for investigator initiated study
Biomimetic / Wright Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy fees; grants paid to my institution for investigator initiated study; grants paid to my institution for sponsored study
Integra Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grants paid to my institution for investigator initiated study
Smith and Nephew	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grants paid to my institution for investigator initiated study

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bioset Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grants paid to my institution for sponsored study
Cartiva Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grants paid to my institution for sponsored study
Synthes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	funds paid to my institution for educational grant
Conmed Linvatec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	funds paid to my institution for educational grant

Section 4. Intellectual Property -- Patents & Copyrights

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Fastening device for total ankle replacement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dr. Alastair Younger	personally funded
Lengthening device for limb lengthening	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dr. Alastair Younger and Dr. Will Mackenzie	Funded by Al Dupont Institute

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Section 6.

Disclosure Statement

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Dr. Younger reports grants and personal fees from Acumed Inc., grants and personal fees from Biomimetic / Wright Medical, grants from Integra Foundation, grants from Smith and Nephew, grants from Bioset Inc. , grants from Cartiva Inc., other from Synthes, other from Conmed Linvatec, outside the submitted work; In addition, Dr. Younger has a patent Fastening device for total ankle replacement licensed to Dr. Alastair Younger, and a patent Lengthening device for limb lengthening licensed to Dr. Alastair Younger and Dr. Will Mackenzie.

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Section 1. Identifying Information

1. Given Name (First Name)
Kevin

2. Surname (Last Name)
Wing

3. Date
27-March-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Timothy R. Daniels

5. Manuscript Title
Outcome of Total Ankle Arthroplasty in Patients with Rheumatoid Arthritis and Non-Inflammatory Arthritis: A Multicenter Cohort Study Comparing Clinical Outcome and Safety

6. Manuscript Identifying Number (if you know it)
JBJS-D-13-01164R2

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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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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Law Firms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	expert testimony: personal injury medical legal
Bioventis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grants to my institution, investigator initiated study
Acumed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grants to my institution, investigator initiated study
Biomimetics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grants to my institution, FDA study
Integra	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	payment for lectures including service on speaker bureaus
Synthes Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	money paid to my institution for educational support

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Linvatec Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	money paid to my institution for educational support

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. Wing reports personal fees from Law Firms, grants from Bioventis, grants from Acumed, grants from Biomimetics, personal fees from Integra, other from Synthes Canada, other from Linvatec Canada, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Ellie

2. Surname (Last Name)

Pinsker

3. Date

27-March-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Timothy R. Daniels

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Dr. Pinsker has nothing to disclose.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)
Murray

2. Surname (Last Name)
Penner

3. Date
27-March-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Timothy R. Daniels

5. Manuscript Title
Outcome of Total Ankle Arthroplasty in Patients with Rheumatoid Arthritis and Non-Inflammatory Arthritis: A Multicenter Cohort Study Comparing Clinical Outcome and Safety

6. Manuscript Identifying Number (if you know it)
JBJS-D-13-01164R2

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Wright Medical Technologies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy fees; payment for lectures including service on speakers bureaus; royalties; payment for development of educational presentations
Specialist Referral Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	expert testimony
Integra Life Sciences	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grants/grants pending to my institution; payment to me for lectures including service on speakers bureaus

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

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?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ 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. Penner reports personal fees from Wright Medical Technologies, personal fees from Specialist Referral Clinic, grants and personal fees from Integra Life Sciences, 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.

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) Glazebrook	3. Date 27-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Timothy R. Daniels
5. Manuscript Title Outcome of Total Ankle Arthroplasty in Patients with Rheumatoid Arthritis and Non-Inflammatory Arthritis: A Multicenter Cohort Study Comparing Clinical Outcome and Safety		
6. Manuscript Identifying Number (if you know it) JBJS-D-13-01164R2		

Section 2. The Work Under Consideration for Publication

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Depuy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant paid to my institution

Section 3. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Glazebrook reports grants from Depuy, during the conduct of the study; grants from Depuy, 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)
Peter

2. Surname (Last Name)
Dryden

3. Date
27-March-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Timothy R. Daniels

5. Manuscript Title
Outcome of Total Ankle Arthroplasty in Patients with Rheumatoid Arthritis and Non-Inflammatory Arthritis: A Multicenter Cohort Study Comparing Clinical Outcome and Safety

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Dryden has nothing to disclose.

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)
Timothy

2. Surname (Last Name)
Daniels

3. Date
27-March-2014

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

5. Manuscript Title
Outcome of Total Ankle Arthroplasty in Patients with Rheumatoid Arthritis and Non-Inflammatory Arthritis: A Multicenter Cohort Study Comparing Clinical Outcome and Safety

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Integra	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant to me and my institution; consulting fee or honorarium to me and my institution; support for travel to meetings for the study or other purposes
Depuy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting fee; support for travel to meetings for the study or other purposes

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