

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.

Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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Royalties: Funds are coming in to you or your institution due to your patent



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Section 1.	Identifying Inforr	mation				
1. Given Name (F Timothy	irst Name)	2. Surname (Last I Daniels	lame)		3. Date 12-February-2016	
4. Are you the corresponding author? ✓ Yes No						
•			•	ed to Unilat	teral End-Stage Ankle Arthritis and	
6. Manuscript Ide	entifying Number (if you k	know it)				
Section 2						
Section 2.	The Work Under C	Consideration for	Publication			
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Depuy		✓			Consulting/Grants	
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Section 3.	Relevant financial	l activities outsid	e the submitted	work.		
			•		al relationships (regardless of amount tity; add as many lines as you need by	
•					36 months prior to publication.	
Are there any re	levant conflicts of inter	rest? 🗸 Yes	No			
If yes, please fill	out the appropriate inf	formation below.				
Name of Entity		Grant? Person		Other?	Comments	
itryker		V			unrestricted research grant; consulting fee/honorarium; support	
					for travel expenses	



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments		
Biomimetics/Wright Medical	✓	√			consulting fee/honorarium; support for travel expense		
Wright Medical Technology (WMT)		/			consulting fee/honorarium; support for travel expense		
Carticept		✓			consulting fee/honorarium; support for travel expense		
Section 4. Intellectual Propert Do you have any patents, whether plann	•			nt to the	work? ☐ Yes 🗸 No		
Section 5. Relationships not c	overed	above					
Are there other relationships or activities potentially influencing, what you wrote i				influence	d, or that give the appearance of		
Yes, the following relationships/cond							
No other relationships/conditions/cir	cumstan	ces that pre	esent a potential (conflict o	finterest		
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.							
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Based on the above disclosures, this form below.		omatically o	generate a disclos	sure state	ement, which will appear in the box		
Dr. Daniels reports grants and personal f study; grants and personal fees from Str Wright Medical Technology (WMT), pers	yker, gran	nts and pers	sonal fees from Bi	iomimeti	cs/Wright Medical, personal fees from		



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Desai 1



Section 1.	Identifying Inform	ation							
1. Given Name (Fi Sagar	rst Name)	2. Surname (Last Name) Desai		3. Date 12-February-2016					
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nam Timothy R. Daniels	ne					
Preoperative He	5. Manuscript Title Preoperative Health-Related Quality of Life in Patients with Bilateral Compared to Unilateral End-Stage Ankle Arthritis and Mid-Term Outcomes of Bilateral versus Unilateral Total Ankle Replacement								
6. Manuscript Idei	ntifying Number (if you kn	ow it)							
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Section 2.	The Work Under Co	onsideration for Public	cation						
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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Section 4.	Intellectual Proper	ty Patents & Copyric	uhéa .						
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No					

Desai 2



Section 5. Relationships not severed above
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
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Desai has nothing to disclose.

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Desai 3



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1. Given Name (F Mark	irst Name)	2. Surnar Glazebro	me (Last Nar ook	ne)		3. Date 12-February-2016				
4. Are you the co	rresponding author?	Yes	✓ No	-	Corresponding Author's Name Timothy R. Daniels					
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	ntifying Number (if you kr			•						
Section 2.	The Work Under C	onsidera	tion for P	ublication						
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	levant conflicts of intere			No	-					
If yes, please fill	out the appropriate info	ormation b	elow.							
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments				
Wright Medical/BMT	Ί	✓	√			Research grant; consulting agreement				
Smith & Nephew		✓	✓			research/institutional support and consulting fees				



Name of Entity	Grant	Fees?	Support?	Other •	Comments		
erring Inc	√	✓			research/institutional support and consulting fees		
Cartiva Inc	✓	✓			research/institutional support and consulting fees		
BioSET Inc	✓	✓			research/institutional support and consulting fees		
Section 4. Intellectual Propert	y Pate	ents & Cop	oyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							
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Yes, the following relationships/cond	Yes, the following relationships/conditions/circumstances are present (explain below):						
No other relationships/conditions/cir	cumstand	ces that pre	esent a potential o	conflict o	finterest		
Journal reviewer for Foot & Ankle Interna Clinical Orthopaedics & Related Research		ournal of Bo	one and Joint Surg	gery (Amo	erican), The Bone & Joint Journal, and		
At the time of manuscript acceptance, io	urnals wil	ll ask autho	ors to confirm and	l. if neces	sary, undate their disclosure statements		

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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. Glazebrook reports grants from DePuy, during the conduct of the study; grants and personal fees from Wright Medical/BMTI, grants and personal fees from Smith & Nephew, grants and personal fees from Ferring Inc, grants and personal fees from Cartiva Inc, grants and personal fees from BioSET Inc, outside the submitted work; and Journal reviewer for Foot & Ankle International, Journal of Bone and Joint Surgery (American), The Bone & Joint Journal, and Clinical Orthopaedics & Related Research.

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Given Name (First Name) Murray	2. Surname (Last Name) Penner		3. Date 12-February-2016
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Auth Timothy R. Daniels	
5. Manuscript Title Preoperative Health-Related Quality of I Mid-Term Outcomes of Bilateral versus I		-	ateral End-Stage Ankle Arthritis and
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Costion 2			
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Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)?			ent, commercial, private foundation, etc.) for tudy design, manuscript preparation,
Are there any relevant conflicts of intere			
If yes, please fill out the appropriate info Excess rows can be removed by pressing		ve more than one ent	ity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal No	on-Financial Other?	Comments
ntegra LifeSciences	✓		unrestricted research grant;
Section 3. Polovant financial			
Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descri- clicking the "Add +" box. You should rep	bed in the instructions. U	Jse one line for each e	ntity; add as many lines as you need by
Are there any relevant conflicts of intere	st? 🗸 Yes 🗌 No		
If yes, please fill out the appropriate info	rmation below.		
Name of Entity	Giant	on-Financial Other?	Comments
Wright Medical Technologies			consultancy; payment for lectures; royalties; payment for development of educational presentations
Specialist Referral Clinic			expert testimony



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Integra LifeSciences		✓			payment for lectures;	
Vancouver Coastal Health Authority and Providence Health Care		✓			Administrative stipend	
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Dr. Penner reports grants from Integra L Technologies, personal fees from Specia Vancouver Coastal Health Authority and	alist Refer	ral Clinic, p	ersonal fees from	Integra L	ifeSciences, personal fees from	



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Pinsker 1



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4. Are you the corre	sponding author?	Yes ✓ No	Corresponding Author's Name Timothy R. Daniels				
		Life in Patients with Bilate Unilateral Total Ankle Rep	ral Compared to Unilateral End-Stage Ankle Arthritis and lacement				
	ifying Number (if you kn	•					
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Pinsker 2



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Pinsker 3



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.

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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Identifying Inform	ation				
1. Given Name (First Name) Kevin	2. Surna Wing	me (Last Nar	me)		3. Date 21-March-2016
4. Are you the corresponding author?	Yes	✓ No	Correspon Timothy F	_	or's Name
5. Manuscript Title Preoperative Health-Related Quality of L Mid-Term Outcomes of Bilateral versus U			•	ed to Unila	ateral End-Stage Ankle Arthritis and
6. Manuscript Identifying Number (if you kno	ow it)				
Section 2. The Work Under Co	nsidera	tion for P	ublication		
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)?	e paymer	nt or services	from a third party		
Are there any relevant conflicts of interes	st? ✓	Yes	No		
If yes, please fill out the appropriate info			u have more thar	n one enti	ity press the "ADD" button to add a row.
Excess rows can be removed by pressing	the "X" k				
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Integra LifeSciences	√				unrestricted research grant;
Section 3. Relevant financial a	ctivitie	s outside	the submitted	work.	
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Are there any relevant conflicts of interest			No		
If yes, please fill out the appropriate info	rmation l	below.			
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	✓				Educational Grant
DePuy/Synthes	✓				Educational Grant
Zimmer/Omega	✓				Educational Grant



	Personal	Non-Financial			
Name of Entity	Grant Fees?	Support?	Other •	Comments	
Wright Medical				Speaker/Lab Proctor	
British Columbian Orthopaedics Association			✓	President	
Section 4. Intellectual Propert	ty Patents & Co	pyrights			
Do you have any patents, whether plann	ned, pending or issu	ed, broadly releva	nt to the	work?	
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Section 5. Relationships not o	rovorod abovo				
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On occasion, journals may ask authors to	alsclose further inf	ormation about re	eportea re	eiationships.	
Section 6. Disclosure Stateme	ent				
Based on the above disclosures, this form below.	n will automatically	generate a disclos	sure state	ment, which will appear in the b	ох
below.					
Dr. Wing reports grants from Integra Life Synthes, grants from Zimmer/Omega, p					ePuy/
Association, outside the submitted wor					



Evaluation and Feedback

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1. Given Name (First Name) Alastair	2. Surnai Younge	me (Last Nar r	me)	3. Date 21-March-2016			
4. Are you the corresponding author?	Yes	✓ No	Correspon Timothy F	_	or's Name		
5. Manuscript Title Preoperative Health-Related Quality of L Mid-Term Outcomes of Bilateral versus U			•	ed to Unila	ateral End-Stage Ankle Arthritis and		
6. Manuscript Identifying Number (if you kno	ow it)						
Section 2. The Work Under Co	ncidovo	tion for D	ublication				
Did you or your institution at any time receive	e paymen	nt or services	from a third party				
any aspect of the submitted work (including statistical analysis, etc.)?		_		g board, st	udy design, manuscript preparation,		
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Excess rows can be removed by pressing			u nave more than	- One enti	button to add a row.		
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
Integra Foundation	✓				Research grant		
Section 3. Relevant financial a	ctivities	s outside	the submitted	work.			
Place a check in the appropriate boxes ir of compensation) with entities as described clicking the "Add +" box. You should rep	oed in the	instruction	ns. Use one line fo	or each ei	ntity; add as many lines as you need by		
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If yes, please fill out the appropriate info	rmation b	pelow.					
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
Acumed	√	√			Consultancy, research grant		
Carticept	✓	✓			Consultancy, Sponsored RCT study		
COA - Hip Hip Hooray	√				Research grant		



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments				
University of British Columbia	✓				Research grant				
St. Paul's Hospital Foundation	✓				Research office support				
American Orthopaedic Foot and Ankle So	ciety				Research grant				
Canadian Orthopaedic Research Legacy F	und 🗸				Research award				
Bioset	✓				Sponsored RCT study				
Orthopaedic Research Excellence Fund	✓				Funding for RCT				
Smith and Nephew	✓				Research grant				
Synthes	√				Research grant				
Integra Life Sciences Corporation	✓				unrestricted research funds				
DePuy	√				unrestricted research funds				
Biomimetic / Wright Medical Technology	nc.	✓			consultancy fees				
Arthrex		✓			consultancy fees				
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.									
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Patent? Pe	ending i Issue	ed Licens	Royalties?	License	ee Comments				
Fastening device for total ankle arthroplasty		√		Dr. Alastaiı Younger	r Personally funded				



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	wing relationships/conditions/circumstances are present (explain below): tionships/conditions/circumstances that present a potential conflict of interest
	inuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
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Dr. Younger reports grants from Integra Foundation, during the conduct of the study; grants and personal fees from Acumed, grants and personal fees from Carticept, grants from COA - Hip Hip Hooray, grants from University of British Columbia, grants from St. Paul's Hospital Foundation, grants from American Orthopaedic Foot and Ankle Society, grants from Canadian Orthopaedic Research Legacy Fund, grants from Bioset, grants from Orthopaedic Research Excellence Fund, grants from Smith and Nephew, grants from Synthes, grants from Integra Life Sciences Corporation, grants from DePuy, personal fees from Biomimetic / Wright Medical Technology Inc., personal fees from Arthrex, outside the submitted work; In addition, Dr. Younger has a patent Fastening device for total ankle arthroplasty licensed to Dr. Alastair Younger.

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