

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.

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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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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

Baumhauer 1



Section 1.						
	Identifying Infor	mation				
1. Given Name (Fi Judith	irst Name)	2. Surname (Last Name Baumhauer	e)		3. Date 13-July-2014	
4. Are you the cor	responding author?	☐ Yes ✓ No		Corresponding Author's Name Alastair S. E. Younger		
5. Manuscript Title Clinical Outcome		dfoot and Ankle Fusions	_			
6. Manuscript Ide	ntifying Number (if you l	know it)				
Section 2.	The Work Under (Consideration for Pul	plication			
any aspect of the s					ent, commercial, private foundation, e udy design, manuscript preparation,	
If yes, please fill o	levant conflicts of inte out the appropriate in be removed by pressi	formation below. If you had the "X" button. Grant? Personal N	have more than		ity press the "ADD" button to add a	ro
Are there any rel If yes, please fill o Excess rows can Name of Institut	levant conflicts of inte out the appropriate in be removed by pressi tion/Company	formation below. If you hing the "X" button.	have more thar	one ent		ro
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Baumhauer 2



Soutien A
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V
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Dr. Baumhauer reports grants and other from Biomimetic Therapeutics, LLC during the conduct of the study and from Wright Medical after conclusion of study as a research consultant.

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Baumhauer 3



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Daniels 1



Section 1. Identifying Inf	ormation		
1. Given Name (First Name) Timothy	2. Surname (Last Name) Daniels		3. Date 17-December-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	
5. Manuscript Title Clinical Outcome of Nonunions in I	Hindfoot and Ankle Fusions		
6. Manuscript Identifying Number (if y	ou know it)		
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Section 2. The Work Under	er Consideration for Publi	cation	
Did you or your institution at any time any aspect of the submitted work (inclustatistical analysis, etc.)?	• •	. , .	ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Are there any relevant conflicts of i	nterest? Yes No		
If yes, please fill out the appropriate Excess rows can be removed by pre		ve more than one enti	ty press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal No	n-Financial Other?	Comments
Biomimmetics / Wright Medical	V		
Section 3. Belovent finan	cial activities outside the	culpusited work	
Relevant linan	cial activities outside the	submitted work.	
	escribed in the instructions. U	se one line for each en	cial relationships (regardless of amount ntity; add as many lines as you need by a 36 months prior to publication .
Are there any relevant conflicts of i	nterest? Yes No		
If yes, please fill out the appropriate	e information below.		
Name of Entity	Grant	n-Financial Other?	Comments
Wright Medical Technology (WMT)			
Carticept			
Integra	V		

Daniels 2



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker				
Section 4. Intellectual Property				
Intellectual Propert	y Patents & Co	pyrights		
Do you have any patents, whether plann	ed, pending or issue	ed, broadly releva	nt to the v	vork? ☐ Yes 🗸 No
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Yes, the following relationships/cond	litions/circumstance	es are present (ex	olain helow	w)·
✓ No other relationships/conditions/cir				
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Disclosure Stateme	nt			
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Daniels 3



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

Donahue 1



Section 1. Identifying Info	rmation		
1. Given Name (First Name) Rafe	2. Surname (Last Name) Donahue		3. Date 11-July-2014
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author	
5. Manuscript Title Clinical Outcome of Nonunions in Hi	ndfoot and Ankle Fusions		
6. Manuscript Identifying Number (if you	ı know it)		
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Section 2. The Work Under	Consideration for Public	cation	
Did you or your institution at any time re any aspect of the submitted work (includ statistical analysis, etc.)? Are there any relevant conflicts of int	ing but not limited to grants, da		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
If yes, please fill out the appropriate i	nformation below. If you hav	ve more than one enti	ty press the "ADD" button to add a row.
Excess rows can be removed by press			
Name of Institution/Company	Grant'	n-Financial Other?	Comments
BioMimetic Therapeutics			I was (and am) an employee of BioMimetics. Doing analyses of this type are part of my job.
Section 3. Relevant financi	al activities outside the s	submitted work.	
	scribed in the instructions. Us	se one line for each er	cial relationships (regardless of amount ntity; add as many lines as you need by a 36 months prior to publication .
Are there any relevant conflicts of int			
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Donahue 2



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Dr. Donahue reports personal fees from BioMimetic Therapeutics, during the conduct of the study; personal fees from BioMimetic Therapeutics, outside the submitted work; .

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Donahue 3



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Evangelista 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Peter	2. Surname (Last Name) Evangelista		3. Date 23-December-2013
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author	
5. Manuscript Title Clinical Outcome of Nonunions in Hindf	oot and Ankle Fusions		
6. Manuscript Identifying Number (if you know	ow it)		
Section 2. The Work Under Co	nsideration for Public	cation	
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants, da st?	ta monitoring board, st	udy design, manuscript preparation,
Name of Institution/Company	Grant	n-Financial other?	Comments
Biomimetic Therapeutics, Inc.		/	Consultant, Travel support to meetings for the study, institution received compensation for blocked research time.
Section 3. Relevant financial a	activities outside the s	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interesting the second conflicts of interesting	oed in the instructions. Us ort relationships that wer	se one line for each er	ntity; add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyric	ghts	
Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the	work? Yes V

Evangelista 2



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Glazebrook 1



Section 1. Identifying Inform			
Identifying Infor	mation		
1. Given Name (First Name) Mark	2. Surname (Last Name) Glazebrook		3. Date 15-December-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autl Alastair S. E. Youn	
5. Manuscript Title Clinical Outcome of Nonunions in Hin	dfoot and Ankle Fusions		
6. Manuscript Identifying Number (if you l	know it)		
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•	formation below. If you ha	ve more than one en	tity press the "ADD" button to add a row
Name of Institution/Company	Grant	on-Financial Other	? Comments
Wright Medical/BMTI	✓		Research grant
Wright Medical/BMTI			Consulting Agreement
Section 3. Relevant financia	l activities outside the	submitted work.	
	ribed in the instructions. U	Jse one line for each o	ncial relationships (regardless of amount entity; add as many lines as you need by he 36 months prior to publication .
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Glazebrook 2



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

Krause 1



Section 1. Identify	ying Information	
1. Given Name (First Name) Fabian	2. Surname (Last Name) Krause	3. Date 16-December-2013
4. Are you the corresponding	author? Yes Vo	Corresponding Author's Name Alastair S. E. Younger
5. Manuscript Title Clinical Outcome of Nonunions in Hindfoot and Ankle Fusions		
6. Manuscript Identifying Nu	mber (if you know it)	
		_
Section 2. The Wo	rk Under Consideration for Public	cation
	vork (including but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevan	nt financial activities outside the s	submitted work.
of compensation) with ent	ities as described in the instructions. Us ou should report relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellect	tual Property Patents & Copyric	ghts
	whether planned, pending or issued, br	

Krause 2



Section 5. Relationships not sovered 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
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Section 6. Disclosure Statement
Disclosure Statement
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Dr. Krause has nothing to disclose.

Evaluation and Feedback

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Krause 3



Instructions

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

Pinzur 1



Section 1. Identifying Information	ation		
1. Given Name (First Name) Michael	2. Surname (Last Name) Pinzur		3. Date 16-December-2013
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author Alastair S. E. Younge	
5. Manuscript Title Clinical Outcome of Nonunions in Hindfo	oot and Ankle Fusions		
6. Manuscript Identifying Number (if you kno	ow it)		
		_	
Section 2. The Work Under Co	nsideration for Public	ation	
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da st?	ta monitoring board, stu	dy design, manuscript preparation,
Name of Institution/Company	Grant'	n-Financial other?	Comments
Wright Medical (Biomimetics)	✓		
Section 3. Relevant financial a	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as describ clicking the "Add +" box. You should rep Are there any relevant conflicts of interes	oed in the instructions. Us ort relationships that wer	e one line for each ent	tity; add as many lines as you need by
Section 4. Intellectual Propert	ty Patents & Copyric	jhts	
Do you have any patents, whether plann	ed, pending or issued, br	oadly relevant to the v	vork? ☐ Yes ✓ No

Pinzur 2



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
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Disclosure Statement
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Dr. Pinzur reports grants and personal fees from Wright Medical (Biomimetics), during the conduct of the study; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Pinzur 3



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

Thevendran 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Gowreeson	rst Name)	2. Surname (Last Name) Thevendran	3. Date 09-July-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Alastair S. E. Younger
5. Manuscript Title Clinical Outcome		foot and Ankle Fusions	
6. Manuscript Ide	ntifying Number (if you kr	now it)	
			-
Section 2.	The Work Under C	onsideration for Public	ration
any aspect of the s statistical analysis,	stitution at any time rece submitted work (including	ive payment or services from g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyrig	ghts
Do you have any			roadly relevant to the work? Yes V No

Thevendran 2



Section 5. Polationships 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?
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Dr. Thevendran has nothing to disclose.

Evaluation and Feedback

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



	I				
Section 1.	Identifying Inform	nation			
1. Given Name (Fi Alastair	rst Name)	2. Surname (Last N Younger	lame)		3. Date 17-December-2013
4. Are you the cor	responding author?	✓ Yes No	ı		
5. Manuscript Title Clinical Outcome	e e of Nonunions in Hind	foot and Ankle Fus	ions		
6. Manuscript Idei	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for	Publication		
	ubmitted work (including				ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
=	evant conflicts of intere	est? ✓ Yes	No		
	out the appropriate info be removed by pressin		ou have more tha	n one enti	ty press the "ADD" button to add a row.
Name of Institut		Grant? Person	al Non-Financial	Other?	Comments
Biomimetic Inc.					Consultancy
Biomimetic Inc.		✓			Research support for RCT
Section 3.	Relevant financial	activities outsid	e the submitted	work.	
of compensation	n) with entities as descri	ibed in the instruct	ions. Use one line f	or each en	ial relationships (regardless of amount atity; add as many lines as you need by a 36 months prior to publication .
Are there any rel	evant conflicts of intere	est? ✓ Yes	No		
If yes, please fill o	out the appropriate info	ormation below.			
Name of Entity		Grant? Person	_	Other?	Comments
Acumed					Consultancy
Carticept					Consultancy



Hame of Littly	Grant	Fees?	Support?	Other	Comments	
COA - Hip Hip Hooray	✓				Research grant	
University of British Columbia	✓				4,000 dollars	
St. Paul's Hospital Foundation	✓				Research office support	
American Orthopaedic Foot and Ankle So	ociety				Grant for RCT	
Canadian Orthopaedic Research Legacy f	fund 🗸				Research award	
Bioset	✓				Sponsored RCT study	
Orthopaedic Research Excellence Fund	✓				Funding for RCT	
Integra foundation	✓				Assessment of TAR	
Carticept	✓				Sponsored RCT study	
Acumed Inc.	✓				Study of fractures in patients with Diabetes	
Smith and Nephew	✓				Assessment of Exogen for fusions	
Synthes	√				Educational support	
Do you have any patents, whether If yes, please fill out the appropriat Excess rows can be removed by pr	planned, pen	ding or issue below. If yo	ed, broadly relev		work? 🕢 Yes 🔲 No ity press the "ADD" button to add a i	row.
Excess rows can be removed by pr	essing the X	button.				
Patent? P	ending ? Issu	ied Licens	sed? Royalties?	License	ee? Comments	
fastening device for total ankle arthroplasty				Dr. Alastai Younger	r Personally funded	

Personal Non-Financial



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?
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Dr. Younger reports personal fees from Biomimetic Inc., grants from Biomimetic Inc., during the conduct of the study; personal fees from Acumed, 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 Integra foundation, grants from Carticept, grants from Acumed Inc., grants from Smith and Nephew, grants from Synthes, outside the submitted work; In addition, Dr. Younger has a patent fastening device for total ankle arthroplasty licensed to Dr. Alastair Younger.

Evaluation and Feedback

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

DiGiovanni 1



Section 1. Identifying Information	ation		
1. Given Name (First Name) Christopher	2. Surname (Last Name DiGiovanni)	3. Date 26-January-2016
4. Are you the corresponding author?	Yes ✓ No	Corresponding Aut Alastair S. E. Your	
5. Manuscript Title Clinical Outcome of Nonunions in Hindfe	oot and Ankle Fusions		
6. Manuscript Identifying Number (if you kno JBJS-D-14-00872R1	ow it)		
Section 2. The Work Under Co	onsideration for Pub	olication	
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interesting the state of the	but not limited to grants,	, data monitoring board,	ment, commercial, private foundation, etc.) for study design, manuscript preparation,
If yes, please fill out the appropriate info	ormation below. If you h		ntity press the "ADD" button to add a row.
Excess rows can be removed by pressing	g the "X" button.		
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Other	? Comments
Biomimetics Therapeutics Inc.	V		Grant paid to me and my institution as part of original study performance and dataset only
Section 3. Relevant financial a	activities outside th	e submitted work.	
	bed in the instructions.	. Use one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by the 36 months prior to publication .
Are there any relevant conflicts of interes	est? 🗸 Yes 🗌 No)	
If yes, please fill out the appropriate info	rmation below.		
Name of Entity	Grant? Personal Fees?	Non-Financial Other	? Comments
Foot Ankle International Managerial Board			Board membership; unpaid position
Wright Medical, Inc.			Consulting fees; stock/stock options

DiGiovanni 2



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Extremity Medical, Inc.		✓			Consulting fees; royalties; stock/stock options
Arthrex, Inc.		✓			Consulting fees (no longer active)
BESPA		✓			Consulting fees (no longer active)
PCORI	✓	✓			Grant application pending on VTED in foot/ankle
AOFAS	✓				Grant applications pending for my institution, for peroneal and syndesmotic studies
DTA	✓				Grant application pending for my institution for syndesmosis and 5th metatarsal
AANA	✓				Grant application pending for my institution for peroneals and arthroscopic assessment of syndesmosis
Paragon 28		✓			Stock/stock options
CreOsso		✓			Stock/stock options
Performance Orthotics		✓			Other fees
Curamedix		✓			Other fees
aunders		✓			Royalty fees for text publishing
Elsevier		\checkmark			Royalty fees for text publishing
Wolters Kluwer		✓			Royalty fees for text publishing

DiGiovanni 3



Section 5.	Relationships not covered above
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Dr. DiGiovanni reports grants from Biomimetics Therapeutics Inc., during the conduct of the study; other from Foot Ankle International Managerial Board, personal fees from Wright Medical, Inc., personal fees from Extremity Medical, Inc., personal fees from Arthrex, Inc., personal fees from BESPA, grants and personal fees from PCORI, grants from AOFAS, grants from OTA, grants from AANA, personal fees from Paragon 28, personal fees from CreOsso, personal fees from Performance Orthotics, personal fees from Curamedix, personal fees from Saunders, personal fees from Elsevier, personal fees from

Evaluation and Feedback

Wolters Kluwer, outside the submitted work; .

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DiGiovanni

below.