

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.

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4. Intellectual Property.

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

Relationships not covered above.

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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

Daniels 1



Section 1.	Identifying Inform	nation						
Given Name (First Name) Timothy		2. Surname Daniels	2. Surname (Last Name) Daniels			3. Date 28-January-2021		
4. Are you the corresponding author?		✓ Yes	✓ Yes No					
5. Manuscript Title Specialty Update	e e: What's New in Foot a	nd Ankle Sur	gery					
6. Manuscript Ide	ntifying Number (if you kr	now it)						
Section 2.	The Work Under C	onsideratio	n for P	ublication				
any aspect of the s statistical analysis,	submitted work (including	but not limite	ed to gran		_	ent, commercial, private foundation, etc.) for udy design, manuscript preparation,		
Section 3.	Relevant financial	activities o	utside	the submitted	work.			
of compensation clicking the "Add Are there any rel	n) with entities as descri	ibed in the in port relations est?	struction ships tha	ns. Use one line fo	r each en	cial relationships (regardless of amount ntity; add as many lines as you need by a 36 months prior to publication .		
Name of Entity		Jianit	ersonal Fees	Non-Financial Support?	Other?	Comments		
Stryker		✓	√			unrestricted research grant; consulting fee/honorarium; support for travel expenses		
Smith & Nephew		✓	√			grants/ consulting fees / support for travel expenses / honorarium / royalties		
Osteoamp Canada			1			Consulting fees		

Daniels 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
Section 5. Relationships not covered above
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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. Daniels reports grants and personal fees from Stryker, grants and personal fees from Smith & Nephew, personal fees from Osteoamp Canada, outside the submitted work; .

Evaluation and Feedback

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

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Richards 1



Section 1. Ide	ntifying Information	1					
1. Given Name (First Name) 2. Surname (Last Name) Megan Richards			3. Date 28-January-2021				
4. Are you the corresponding author?		∕es ✓ No	Corresponding Author's Name Timothy R. Daniels				
5. Manuscript Title Specialty Update: What's New in Foot and Ankle Surgery		kle Surgery					
6. Manuscript Identifying Number (if you know it)							
Section 2. The	Section 2. The Work Under Consideration for Publication						
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Section 3. Rele	evant financial activi	ities outside the	submitted work.				
Place a check in the ap of compensation) with	propriate boxes in the to entities as described in ox. You should report re	table to indicate wante to the instructions.	whether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication .				
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							

Richards 2



Section 5. Relationships not sovered above
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Dr. Richards has nothing to disclose.

Evaluation and Feedback

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Richards 3



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Halai 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Mansur	2. Surname (Last Name) Halai	3. Date 30-January-2021				
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Timothy Daniels				
5. Manuscript Title Specialty Update: What's new in Foot a	nd Ankle Surgery.					
6. Manuscript Identifying Number (if you know it)						
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						
Section 3. Relevant financial	activities outside the s	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 Vo						
Section 4. Intellectual Proper	rty Patents & Copyric	nhts.				
Do you have any patents, whether plan						

Halai 2



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