ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name): Katsunori
2. Surname (Last Name): Inagaki
3. Date: 17-October-2014

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

Corresponding Author's Name: Dr. Yoichi Toyoshima

5. Manuscript Title: Posterior Tibial Artery Perforator-based Fascial Flap for Skin Necrosis and Exposed Extensor Tendon after Revision Total Ankle Replacement: A Case Report

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1. Given Name (First Name): Hisao
2. Surname (Last Name): Kumamoto
3. Date: 17-October-2014

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

Corresponding Author's Name: Dr. Yoichi Toyoshima

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1. Given Name (First Name): Toshio
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Corresponding Author's Name: Dr. Yoichi Toyoshima

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1. Given Name (First Name): Osamu
2. Surname (Last Name): Namiki
3. Date: 17-October-2014

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

Corresponding Author's Name: Dr. Yoichi Toyoshima

5. Manuscript Title: Posterior Tibial Artery Perforator-based Fascial Flap for Skin Necrosis and Exposed Extensor Tendon after Revision Total Ankle Replacement: A Case Report

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1. Given Name (First Name): Koei
2. Surname (Last Name): Oh
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4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Dr. Yoichi Toyoshima

5. Manuscript Title: Posterior Tibial Artery Perforator-based Fascial Flap for Skin Necrosis and Exposed Extensor Tendon after Revision Total Ankle Replacement: A Case Report

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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.

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