ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name): Craig
2. Surname (Last Name): Carter
3. Effective Date (07-August-2008): 06-March-2012

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

Corresponding Author's Name: Wiliam Rosenblum

5. Manuscript Title: Open Lateral Ankle Ligamentous Disruption without Associated Fracture or Dislocation: A Case Report

6. Manuscript Identifying Number (if you know it):

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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7. Other	☑	☐	☐			✕
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						ADD
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						ADD
3. Employment	☑	☐	☐			✕
						ADD
4. Expert testimony	☑	☐	☐			✕
						ADD
5. Grants/grants pending	☑	☐	☐			✕
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			✕
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7. Payment for manuscript preparation	☑	☐	☐			✕

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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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13. Other (err on the side of full disclosure)	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Samuel
2. Surname (Last Name): Schroerlucke
3. Effective Date (07-August-2008): 06-March-2012

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

Corresponding Author's Name: Wiliam Rosenblum

5. Manuscript Title: Open Lateral Ankle Ligamentous Disruption without Associated Fracture or Dislocation: A Case Report

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						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
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						ADD
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						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
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9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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13. Other (err on the side of full disclosure)	☑	☐	☐			×
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1. Given Name (First Name): William
2. Surname (Last Name): Rosenblum
3. Effective Date (07-August-2008): 06-March-2012

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

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7. Other	☑	☐	☐			×
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						ADD
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1. Given Name (First Name): John
2. Surname (Last Name): Martell
3. Effective Date (07-August-2008): 06-March-2012

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

Corresponding Author's Name: Wiliam Rosenblum

5. Manuscript Title: Open Lateral Ankle Ligamentous Disruption without Associated Fracture or Dislocation: A Case Report

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4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

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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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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