

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
THOMAS

2. Surname (Last Name)  
ISSAC

3. Date  
19-February-2016

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

5. Manuscript Title

Traumatic rupture of posterior tibial tendon following closed ankle fracture (Supination-Adduction type)-A case report

6. Manuscript Identifying Number (if you know it)

CC-D-15-00273R1

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. ISSAC has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

ANOOP

2. Surname (Last Name)

PILAR

3. Date

19-February-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Traumatic rupture of posterior tibial tendon following closed ankle fracture (Supination-Adduction type)-A case report

6. Manuscript Identifying Number (if you know it)

CC-D-15-00273R1

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Dr. PILAR has nothing to disclose.

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1. Given Name (First Name)  
SUHIR

2. Surname (Last Name)  
PAI

3. Date  
19-February-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

5. Manuscript Title

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CC-D-15-00273R1

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1. Given Name (First Name)

SATHYA

2. Surname (Last Name)

KRISHNA

3. Date

19-February-2016

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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Dr. KRISHNA has nothing to disclose.

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