

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.

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4. Intellectual Property.

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

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1. Given Name (First Name) Lingling	2. Surname (Last Name) Chen	3. Date 21-May-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yu Zhang
5. Manuscript Title Kinematic Characteristics of the proximal fibular osteotomy during walking: a case report		
6. Manuscript Identifying Number (if you know it) 		

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1. Given Name (First Name) Wenhan	2. Surname (Last Name) Huang	3. Date 21-May-2016
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5. Manuscript Title Kinematic Characteristics of the proximal fibular osteotomy during walking: a case report		
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1. Given Name (First Name) Zefeng	2. Surname (Last Name) Lin	3. Date 21-May-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yu Zhang
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Section 1. Identifying Information

1. Given Name (First Name) Hong	2. Surname (Last Name) Xia	3. Date 21-May-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yu Zhang
5. Manuscript Title Kinematic Characteristics of the proximal fibular osteotomy during walking: a case report		
6. Manuscript Identifying Number (if you know it) 		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Xiaolong	2. Surname (Last Name) Zeng	3. Date 21-May-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yu Zhang
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1. Given Name (First Name)
Yu

2. Surname (Last Name)
Zhang

3. Date
21-May-2016

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5. Manuscript Title
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