

#### **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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Section 1.	Identifying Inform	nation				
1. Given Name (First Name) J. Kent		2. Surname (Last Name) Ellington	3. Date 14-January-2015			
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Myerson			
5. Manuscript Title Revision Total Ankle Replacement						
6. Manuscript Identifying Number (if you know it)						
Section 2.	The Work Under C	onsideration for Public	cation			
Did you or your institution <b>at any time</b> 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  V  No						
Section 3.	Relevant financial	activities outside the	submitted work			
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Section 4.	Intellectual Prope	rty Patents & Copyri	ghts			
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No			

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Section 5. Relationships not covered above
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Ellington has nothing to disclose.

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Section 1.	Identifying Inform	nation					
Given Name (First Name)     Amiethab		2. Surname (Last Name) Aiyer	3. Date 08-February-2015				
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Mark Myerson				
5. Manuscript Title Revision Total Ar	e nkle Replacement						
6. Manuscript Identifying Number (if you know it)							
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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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administrative support, etc.



**Identifying Information** 

Section 1.

# **ICMJE Form for Disclosure of Potential Conflicts of Interest**

1. Given Name (First Name) Mark		2. Surname (Last Name) Myerson			3. Date 08-February-2015	
4. Are you the corresponding author?	✓ Yes	No				
5. Manuscript Title Revision Total Ankle Replacement						
6. Manuscript Identifying Number (if you	know it)					
Section 2. The Work Under	Considerat	tion for P	ublication			
Did you or your institution <b>at any time</b> rec	ceive paymen	t or services	from a third party			
any aspect of the submitted work (includir statistical analysis, etc.)?	ng but not lim	ited to gran	ts, data monitoring	g board, st	udy design, manuscript preparation	on,
Are there any relevant conflicts of inte	erest?	∕es ✓	No			
Section 3. Polovant financia						
Relevant financia	ıl activities	outside t	the submitted	work.		
Place a check in the appropriate boxes of compensation) with entities as desc						
clicking the "Add +" box. You should r						
Are there any relevant conflicts of inte			No			
If yes, please fill out the appropriate in	formation b	elow.				
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Tornier	<b>✓</b>	<b>√</b>		<b>✓</b>	Patent	
Biomet		<b>√</b>		✓	Patent	
BME		<b>✓</b>	✓	<b>✓</b>	Patent	
Paragon 28		<b>√</b>	<b>✓</b>			
Elsevier		<b>✓</b>				
Allosource		<b>✓</b>				
Depuy				<b>✓</b>	Patent	
Orthohelix		$\checkmark$		<b>✓</b>	Patent	

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Section 4. Intellectual					
Intellectual	Property Patent	ts & Copyrights			
Do you have any patents, whether the season of the season	riate information belo	ow. If you have more tha		Yes No the "ADD" button to add a	row.
Patent?	Pending? Issued	Licensed Royalties?	Licensee?	Comments	
Tornier	<b>✓</b>				
Section F					
Section 5. Relationshi	ips not covered ab	ove			
Are there other relationships or potentially influencing, what yo			influenced, or tha	at give the appearance of	
Yes, the following relationsh	nips/conditions/circu	mstances are present (ex	rplain below):		
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At the time of manuscript accep On occasion, journals may ask a					nents.
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Based on the above disclosures below.	, this form will autom	natically generate a disclo	osure statement, v	vhich will appear in the box	(
Dr. Myerson reports grants, per financial support and other from personal fees from Allosource, addition, Dr. Myerson has a pat	m BME, personal fees other from Depuy, pe	and non-financial suppo ersonal fees and other fro	ort from Paragon2	8, personal fees from Elsev	ier,

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