

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.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Dagan	irst Name)	2. Surname (Last Name) Cloutier	3. Date 14-June-2016
4. Are you the corresponding author?		✓ Yes No	
5. Manuscript Title JOPA Editor	e		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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	\checkmark	No
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Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

No

Are there any relevant conflicts of interest?		Yes	✓	
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Section 4. Intellectual Property -- Patents & Copyrights

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



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Mr. Cloutier has nothing to disclose.

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Caitlin	2. Surname (Last Name) Eagen	3. Date 01-May-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Dagan Cloutier
5. Manuscript Title Trauma Roundtable: Management of a	n Ankle Fracture Dislocatic	n in an Elderly Women with Medial Skin Compromise
6. Manuscript Identifying Number (if you k	now it)	· · · ·
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Section 2. The Work Under C	onsideration for Public	ation
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Section 3. Relevant financial		
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		ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by

clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

🖌 No

Yes

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Intellectual Property -- Patents & Copyrights

Section 4.

Are there any relevant conflicts of interest?

✓ No



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Ms. Eagen has nothing to disclose.

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Section 1. Identifying Inform	mation		
1. Given Name (First Name) Jonathan	2. Surname (Last Name) Hull	3. Date 01-May-2017	
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Dagan Cloutier	
5. Manuscript Title Trauma Roundtable: Management of a	an Ankle Fracture Dislocati	on in an Elderly Woman with Medial Skin Compromise	_
6. Manuscript Identifying Number (if you k	(now it)		
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Are there any relevant conflicts of inter	rest? Yes 🖌 No		

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	↓	No
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1. Given Name (First Name) Keith	2. Surname (Last Name) Paul	3. Date 08-May-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Dagan Cloutier
5. Manuscript Title Trauma Roundtable: Management of a	n Ankle Fracture Dislocatio	on in an Elderly Woman with Medial Skin Compromise
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Section 1.	dentifying Infor	mation			
1. Given Name (First John	Name)	2. Surname (Last Name) Riehl	3. Date 03-May-2017		
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Dagan Cloutier		
5. Manuscript Title Trauma Roundtabl	e: Management of	an Ankle Fracture Dislocat	ion in an Elderly Woman with Medial Skin Compromise		
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Arthrex		\checkmark			Consultant	

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Dr. Riehl reports personal fees from Arthrex, outside the submitted work; .

Evaluation and Feedback