

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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.

#### 5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Markus	2. Surname (Last Name) Naumann	3. Date 08-December-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Knut Stavem
5. Manuscript Title Determinants of health status in patients at 3–6 years after surgery for closed ankle fracture, and comparison with the general population		
6. Manuscript Identifying Number (if you know it)  		

### 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 ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sophies Minde Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Østfold Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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**.

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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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Naumann reports grants from Sophies Minde Foundation, grants from Østfold Hospital, during the conduct of the study; .

### 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)  
Stein Erik

2. Surname (Last Name)  
Utvåg

3. Date  
08-December-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Knut Stavem

5. Manuscript Title  
Determinants of health status in patients at 3–6 years after surgery for closed ankle fracture, and comparison with the general population

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Dr. Utvåg has nothing to disclose.

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1. Given Name (First Name)  
Knut

2. Surname (Last Name)  
Stavem

3. Date  
08-December-2016

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

5. Manuscript Title  
Determinants of health status in patients at 3–6 years after surgery for closed ankle fracture, and comparison with the general population

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Ulf

2. Surname (Last Name)  
Sigurdson

3. Date  
08-December-2016

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☐ Yes ☒ No

Corresponding Author's Name  
Knut Stavem

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