

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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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.

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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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| Section 1. | Identifying Info | ormation | |
|--------------------------------------|--------------------------------|--|------------------------|
| 1. Given Name (Fi John | rst Name) | 2. Surname (Last Name) Scolaro | 3. Date 22-May-2014 |
| 4. Are you the cor | responding author? | ✓ Yes No | |
| 5. Manuscript Title Management of | | otion in Ankle Fractures: A Critical Analysis Review | |
| 6. Manuscript Ide REVIEWS-D-14-0 | ntifying Number (if yo 0028 | u 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.)?

🖌 No

| Are there any relevant conflicts of interest? | | Yes |
|---|--|-----|
|---|--|-----|

Section 3. Relevant financial activities outside the submitted work.

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No

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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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Section 6. Disclosure Statement

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Dr. Scolaro has nothing to disclose.

Evaluation and Feedback

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| Section 1. | Identifying Infor | mation | |
|--------------------------------------|----------------------------------|------------------------------------|--|
| 1. Given Name (Fi Geoffrey | rst Name) | 2. Surname (Last Name) Marecek | 3. Date 22-May-2014 |
| 4. Are you the corresponding author? | | Yes 🖌 No | Corresponding Author's Name John A. Scolaro, M.D. |
| 5. Manuscript Titl Management of | | ion in Ankle Fractures: A Cr | itical Analysis Review |
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| Section 2. | The Work Under | Consideration for Publ | ication |
| Did you or your in: | stitution at any time red | ceive payment or services fror | n a third party (government, commercial, private foundation, etc.) for lata monitoring board, study design, manuscript preparation, |
| statistical analysis, | | ing but not initiated to grants, o | are monitoring source, study acsign, manuscript preparation, |

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🖌 No

Yes

Are there any relevant conflicts of interest? \Box Yes \checkmark No

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| 1. Given Name (Fi David | rst Name) | 2. Surname (Last Name Barei |) 3. Date 22-May-2014 |
| 4. Are you the corresponding author? | | Yes 🖌 No | Corresponding Author's Name John A. Scolaro, M.D. |
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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees | Non-Financial Support? | Other? | Comments | |
|----------------|--------------|------------------|---------------------------|--------|----------|--|
| Synthes | \checkmark | \checkmark | | | | |
| Zimmer | \checkmark | | | | | |

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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