

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Scott

2. Surname (Last Name)
Coleman

3. Date
19-July-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Daniel Scott

5. Manuscript Title
Seven Year Functional Outcome of Total Ankle Arthroplasty:
Prospective 3-Dimensional Gait Analysis

6. Manuscript Identifying Number (if you know it)

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Dr. Coleman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Samuel

2. Surname (Last Name)
Ford

3. Date
19-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Daniel Scott

5. Manuscript Title
Seven Year Functional Outcome of Total Ankle Arthroplasty:
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6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Scott

3. Date
19-July-2020

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

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Brodsky	3. Date 19-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Daniel Scott
5. Manuscript Title Seven Year Functional Outcome of Total Ankle Arthroplasty: Prospective 3-Dimensional Gait Analysis		
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Integra Life Sciences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties, Speaker Fees
Wright Medical Technologies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship Funding
Arthrex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship Funding
Orthofix	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship Funding
Breg, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship Funding

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Dr. Brodsky reports personal fees from Integra Life Sciences, grants from Wright Medical Technologies, grants from Arthrex, grants from Orthofix, from Breg, Inc., outside the submitted work; .

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1. Given Name (First Name)

Yahya

2. Surname (Last Name)

Daoud

3. Date

19-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Daniel Scott

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