

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Erik

2. Surname (Last Name)
Magnusson

3. Date
23-April-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dr. Erik Magnusson

5. Manuscript Title
Does a Medial Malleolar Osteotomy or Posteromedial Approach Provide Greater Surgical Visualization for the Treatment of Talar Body Fractures?

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Magnusson has nothing to disclose.

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) Madeleine	2. Surname (Last Name) Jackson	3. Date 01-May-2021
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Dr. Erik Magnusson
5. Manuscript Title Does a Medial Malleolar Osteotomy or Posteromedial Approach Provide Greater Surgical Visualization for the Treatment of Talar Body Fractures?		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Jackson has nothing to disclose.

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1. Given Name (First Name)
Michael

2. Surname (Last Name)
Githens

3. Date
07-May-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dr. Erik Magnusson

5. Manuscript Title
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Scott

2. Surname (Last Name)
Telfer

3. Date
23-April-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dr. Erik Magnusson

5. Manuscript Title
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