



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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".

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alex

2. Surname (Last Name)
Walinga

3. Date
05-January-2023

4. Are you the corresponding author? Yes No

5. Manuscript Title

Needle Arthroscopic Inspection and Treatment of (Osteo)chondral lesions Injuries of the Ankle in Unstable Syndesmotic Injuries Treated with Suture Button Fixation: A Standardized Approach

6. Manuscript Identifying Number (if you know it)

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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
Arthrex GmbH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This study was supported with an unrestricted research grant by Arthrex GmbH

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? 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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Dr. Walinga reports grants from Arthrex GmbH, during the conduct of the study; .

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1. Given Name (First Name) Jari 2. Surname (Last Name) Dahmen 3. Date 05-January-2023

4. Are you the corresponding author? Yes No Corresponding Author's Name
Alex Walinga

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1. Given Name (First Name)
Tobias

2. Surname (Last Name)
Stornebrink

3. Date
05-January-2023

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Alex Walinga

5. Manuscript Title
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1. Given Name (First Name) Gino	2. Surname (Last Name) Kerkhoffs	3. Date 05-January-2023
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alex Walinga
5. Manuscript Title Needle Arthroscopic Inspection and Treatment of (Osteo)chondral lesions Injuries of the Ankle in Unstable Syndesmotric Injuries Treated with Suture Button Fixation: A Standardized Approach		
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