ICIVIJE DISCLOSURE FORIVI				
Date:	5/3/2023	5/3/2023		
Your Name:	Albert Thomas Anastasio			
Manuscript Title:		Evaluating the quality and usability of artificial intelligence generated responses to common patient questions in foot and ankle surgery		
Manuscript Number (if k	nown): Click or tap here to enter text.			
content of your manuscriaffected by the content of indicate a bias. If you are The author's relationship epidemiology of hypertenthat medication is not medicated.	rency, we ask you to disclose all relationships/activitie pt. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity, s/activities/interests should be defined broadly. For ension, you should declare all relationships with manufactorioned in the manuscript.  all support for the work reported in this manuscript with a past 36 months.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily //interest, it is preferable that you do so.  Example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
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Time frame: Since the initial planning of the work				

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	Time frame: Since the initial planning of	of the work
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
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Grants or contracts from any entity (if not indicated in item #1 above).	None	
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

## **ICMJE DISCLOSURE FORM**

Date:		5/3/2023		
Your Name:		Frederic Baker Mills IV		
Manuscript Title:		Evaluating the quality and usability of artificial intelligence generated responses to common patient questions in foot and ankle surgery		
Mar	nuscript Number (if kno	n): Click or tap here to enter text.		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.				
epic	•	tivities/interests should be defined broadly. For example, if your manuscript pertains to the a, you should declare all relationships with manufacturers of antihypertensive medication, even if ned in the manuscript.		
	In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.			
		ne all entities with whom you have this tionship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)	re	
		Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	None  Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	None  Time frame: Since the initial planning of the work		
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	None  Click the tab key to add additional rows.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

## **ICMJE DISCLOSURE FORM**

Date	e:	5/3/2023			
Your Name:		Mark Karavan, Jr.	Mark Karavan, Jr.		
Man	uscript Title:	Evaluating the quality and usabil responses to common patient que	ity of artificial intelligence generated stions in foot and ankle surgery		
Man	uscript Number (if kno	wn): Click or tap here to enter text.			
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that	medication is not men	ioned in the manuscript.			
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		me all entities with whom you have this ationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

## **ICMJE DISCLOSURE FORM**

Date: 5/3/2023			
Your Name:	Samuel Bruce Adams, Jr.		
Manuscript Title:	Evaluating the quality and usability of artificial intelligence generated responses to common patient questions in foot and ankle surgery		
Manuscript Number (if known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.			
In item #1 helew report all suppe	art for the work reported in this manuscript without time limit. For all other items, the time		

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		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	Conventus/ Flower DJO Exactech, Inc. Orthofix, Inc.	Regeneration Technologies, Inc. Stryker
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	American Orthopaedic Foot and Ankle Society	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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Stock or options		Medshape		
Receipt equipme material medical gifts or conservices	ent, s, drugs, writing,	None		
Other fin non-fina interests	ncial	None		
Please place an "X" next to the following statement to indicate your agreement:				
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