

## 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.

#### 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".

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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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)  
Jens

2. Surname (Last Name)  
Halm

3. Date  
28-November-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
No benefit of 3D-fluoroscopy in terms of patient related outcome or technical result in calcaneal fracture surgery

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
Philips Healthcare, Best, the Netherlands	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted grant

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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. Halm reports grants from Philips Healthcare, Best, the Netherlands, during the conduct of the study; .

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1. Given Name (First Name)  
M. Suzan

2. Surname (Last Name)  
Beerekamp

3. Date  
28-November-2019

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Dr. J.A. Halm

5. Manuscript Title  
No benefit of 3D-fluoroscopy in terms of patient related outcome or technical result in calcaneal fracture surgery

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Robert Jan

2. Surname (Last Name) de Muinck Keijzer

3. Date 28-November-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name Dr. J.A. Halm

5. Manuscript Title No benefit of 3D-fluoroscopy in terms of patient related outcome or technical result in calcaneal fracture surgery

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ludo	2. Surname (Last Name) Beenen	3. Date 28-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. J.A. Halm
5. Manuscript Title No benefit of 3D-fluoroscopy in terms of patient related outcome or technical result in calcaneal fracture surgery		
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Dr. Beenen has nothing to disclose.

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1. Given Name (First Name) Mario	2. Surname (Last Name) Maas	3. Date 28-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. J.A. Halm
5. Manuscript Title No benefit of 3D-fluoroscopy in terms of patient related outcome or technical result in calcaneal fracture surgery		
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Dr. Maas has nothing to disclose.

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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)  
J. Carel

2. Surname (Last Name)  
Goslings

3. Date  
28-November-2019

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Dr. J.A. Halm

5. Manuscript Title  
No benefit of 3D-fluoroscopy in terms of patient related outcome or technical result in calcaneal fracture surgery

6. Manuscript Identifying Number (if you know it)

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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.)?

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
Philips Healthcare, Best, the Netherlands	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted grant

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Goslings reports grants from Philips Healthcare, Best, the Netherlands, during the conduct of the study; .

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1. Given Name (First Name)  
Tim

2. Surname (Last Name)  
Schepers

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28-November-2019

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Dr. J.A. Halm

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EF3X

2. Surname (Last Name)  
Study Group

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28-November-2019

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Corresponding Author's Name  
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