

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.

Identifying information.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

Le 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Vu	2. Surname (Last Name) Le	3. Date 20-January-2019
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Ankle Arthritis		
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Publication	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, data monitori	y (government, commercial, private foundation, etc.) for ng board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the submitted	l work.
of compensation) with entities as descr	ibed in the instructions. Use one line port relationships that were present est? Yes No	nave financial relationships (regardless of amount for each entity; add as many lines as you need by during the 36 months prior to publication.
Name of Entity	Grant? Personal Non-Financia Fees? Support?	Other? Comments
Purdue Pharma (Canada)		pending, no payments as of writing.
Section 4. Intellectual Prope	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly relev	rant to the work? ☐ Yes ✓ No

Le 2



Section 5. Polationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Le reports personal fees from Purdue Pharma (Canada), outside the submitted work; .

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Veljkovic 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fi Andrea	rst Name)	2. Surnar Veljkovio	ne (Last Name)			3. Date 15-May-2018	
4. Are you the cor	responding author?	Yes	√ No	Correspond Vu Le	ling Author's	Name	
5. Manuscript Title Ankle Arthritis	2						
6. Manuscript Ider	ntifying Number (if you kr	now it)					
Section 2.	The Work Under C	onsiderat	ion for Pub	lication			
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	but not lim				, commercial, private founda v design, manuscript prepara	
Section 3.	Relevant financial	activities	outside the	submitted	work.		
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Name of Entity		Grant?	Personal N Fees?	on-Financial Support	Other?	Comments	
Acumed		√					
AIC					✓ sto	ock options	
Therapia					✓ sto	ock options	
Arthrex			✓		sp	eaker	
Amniox		✓					
Zimmer		✓					

Veljkovic 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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Dr. Veljkovic reports grants from Acumed, from AIC, from Therapia, personal fees from Arthrex, grants from Amniox, grants from Zimmer, outside the submitted work; .

Evaluation and Feedback

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Veljkovic 3



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Salat 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Peter	rst Name)	2. Surname (Last Name) Salat	3. Date 01-Octo	ber-2018
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Vu Le	
5. Manuscript Title Ankle Arthritis	2			
6. Manuscript lder FAO-18-0033.R1	ntifying Number (if you kr	now it)	_	
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Section 2.	The Work Under C	onsideration for Publi	cation	
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, ta monitoring board, study design, man	
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add) with entities as descr	ibed in the instructions. Us port relationships that we	ether you have financial relationship se one line for each entity; add as ma re present during the 36 months p o	any lines as you need by
Section 4.	Intellectual Prope	rty Patents & Copyri	yhts	
Do you have any	patents, whether plan	ned, pending or issued, b	oadly relevant to the work?	s ✓ No

Salat 2



Section 5.	Deletional in a set account above
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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Dr. Salat has not	hing to disclose.

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Wing 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Kevin	2. Surname (Last Name) Wing		3. Date 15-May-2018	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author	's Name	
5. Manuscript Title Ankle Arthritis				
6. Manuscript Identifying Number (if you kn	ow it)			
Section 2. The Work Under Co	onsideration for Public	cation		
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da			c.) for
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes in of compensation) with entities as descriclicking the "Add +" box. You should rep	bed in the instructions. Us	se one line for each ent	ity; add as many lines as you need	d by
Are there any relevant conflicts of intere	st? 🗸 Yes 🗌 No			
If yes, please fill out the appropriate info	rmation below.			
Name of Entity	Grant'	n-Financial upport?	Comments	
Acumed	✓			
Wright medical	✓			
Ferring	✓			
Cartiva	✓			
Zimmer	✓			
Synthes	✓			
Bioventus				
Amniox	✓			

Wing 2



Section 4
Section 4. Intellectual Property Patents & Copyrights
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Dr. Wing reports grants from Acumed, grants and personal fees from Wright medical, grants from Ferring, grants from Cartiva, grants from Zimmer, grants from Synthes, grants from Bioventus, grants from Amniox, outside the submitted work; .

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Wing 3



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Penner 1



Identifying Info	ormation				
1. Given Name (First Name) Murray	2. Surname ((Last Name)		Date May-2018	
4. Are you the corresponding author?	Yes	✓ No Corresp	oonding Author's Name		
5. Manuscript Title Ankle Arthritis					
6. Manuscript Identifying Number (if yo	ou know it)				
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Did you or your institution at any time any aspect of the submitted work (inclu statistical analysis, etc.)? Are there any relevant conflicts of in	ding but not limited	d to grants, data monito			:.) for
Section 3. Relevant finance	ial activities o	utside the submitt	ed work.		
Place a check in the appropriate box of compensation) with entities as de clicking the "Add +" box. You should Are there any relevant conflicts of in	escribed in the ins d report relations	structions. Use one lir hips that were prese i	ne for each entity; add a	as many lines as you need	
If yes, please fill out the appropriate					
Name of Entity	Grant•	ersonal Non-Finance	Other Comme	nts	
Wright medical	√	✓			
Cartiva	✓				
Zimmer	✓				
Synthes	✓				
Amniox	✓				
Springer	√				
Arthrex	✓				
Cdn. Orthop. Foot & Ankle society			✓ board mer	nper	

Penner 2



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments
ntl. Federation of Foot & Ankle societies			✓	board member
Section 4. Intellectual Propert	y Patents & Co	pyrights		
Do you have any patents, whether plann	ed, pending or issu	ed, broadly releva	nt to the v	work? ☐ Yes ✓ No
Section 5. Relationships not c	overed above			
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Yes, the following relationships/cond	litions/circumstance	es are present (exp	olain belo	w):
No other relationships/conditions/cir	cumstances that pr	esent a potential (conflict of	finterest
At the time of manuscript acceptance, jo On occasion, journals may ask authors to				
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Based on the above disclosures, this form below.	n will automatically	generate a disclos	sure state	ment, which will appear in the box
Dr. Penner reports grants and personal f Synthes, grants and personal fees from A Cdn. Orthop. Foot & Ankle society, other	Amniox, grants and	personal fees fron	n Springe	r, grants from Arthrex, other from

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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Younger 1



Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name) Alastair	2. Surname (Last Nam Younger	ne)		3. Date 15-May-2018	
4. Are you the corresponding author?	Yes 🗸 No	Correspond Vu Le	ling Autho	r's Name	
5. Manuscript Title Ankle Arthritis					
6. Manuscript Identifying Number (if you l	know it)				
Section 2. The Work Under 0	Consideration for Pu	ublication			
Did you or your institution at any time recany aspect of the submitted work (includir statistical analysis, etc.)?					tc.) for
Are there any relevant conflicts of inte	rest? Yes	No			
Section 3. Relevant financia	l activities outside t	he submitted y	work.		
Place a check in the appropriate boxes of compensation) with entities as described the "Add +" box. You should red. Are there any relevant conflicts of inte	in the table to indicate ribed in the instruction eport relationships that	e whether you ha s. Use one line fo	ive financi or each en	tity; add as many lines as you nee	ed by
If yes, please fill out the appropriate in	formation below.				
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments	
Acumed	✓				
Wright medical	\checkmark				
Ferring	✓				
Cartiva	✓				
Zimmer	✓				
Synthes					
Bioventus	✓ ✓				
Amniox	\checkmark				

Younger 2



Section 4. Untallegated Brancotte Betants & Commission
Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Younger reports grants and personal fees from Acumed, grants and personal fees from Wright medical, grants and personal fees from Ferring, grants and personal fees from Cartiva, grants and personal fees from Zimmer, grants from Synthes, grants and personal fees from Bioventus, grants from Amniox, outside the submitted work; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Younger 3