

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Kevin

2. Surname (Last Name)
Wang

3. Date
18-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Smartphone applications for assessing ankle range of motion in clinical practice

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Syed	2. Surname (Last Name) Hussaini	3. Date 19-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kevin Wang
5. Manuscript Title Smartphone applications for assessing ankle range of motion in clinical practice		
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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Hussaini has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) Teasdall	3. Date 21-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kevin Wang
5. Manuscript Title Smartphone applications for assessing ankle range of motion in clinical practice		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Aaron	2. Surname (Last Name) Scott	3. Date 20-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kevin Wang
5. Manuscript Title Smartphone applications for assessing ankle range of motion in clinical practice.		
6. Manuscript Identifying Number (if you know it) N/A		

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