

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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ansab

2. Surname (Last Name)

Khwaja

3. Date

31-December-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

An Update of Foot and Ankle Fellowship Website Content and Accessibility

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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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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Section 6. Disclosure Statement

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Dr. Khwaja has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Du	3. Date 01-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title An Update of Foot and Ankle Fellowship Website Content and Accessibility		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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.)?

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Dr. Du has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nathan

2. Surname (Last Name)
Sherman

3. Date
29-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
An Update of Foot and Ankle Fellowship Website Content and Accessibility

6. Manuscript Identifying Number (if you know it)

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Dr. Sherman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Lisa

2. Surname (Last Name)

Truchan

3. Date

01-January-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

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