

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Emilio	2. Surname (Last Name) Wagner	3. Date 27-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pablo Wagner
5. Manuscript Title FLOATING TOE: A FREQUENT COMPLICATION WITH LIMITED FUNCTIONAL SIGNIFICANCE		
6. Manuscript Identifying Number (if you know it)		

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Dr. Wagner has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Luis	2. Surname (Last Name) O'Connell	3. Date 27-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pablo Wagner
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1. Given Name (First Name)

Nathaly

2. Surname (Last Name)

Caicedo

3. Date

27-April-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Pablo Wagner

5. Manuscript Title

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### Section 1. Identifying Information

1. Given Name (First Name)

Ruben

2. Surname (Last Name)

Radkievich

3. Date

27-April-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Pablo Wagner

5. Manuscript Title

FLOATING TOE: A FREQUENT COMPLICATION WITH LIMITED FUNCTIONAL SIGNIFICANCE

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Dr. Radkievich has nothing to disclose.

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

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**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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Pablo

2. Surname (Last Name)  
Wagner

3. Date  
27-April-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
FLOATING TOE: A FREQUENT COMPLICATION WITH LIMITED FUNCTIONAL SIGNIFICANCE

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.)?

Are there any relevant conflicts of interest?  Yes  No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Wagner has nothing to disclose.

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