

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date

4. Are you the corresponding author? Yes No

5. Manuscript Title

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

ADD

Section 3. Relevant financial activities outside the submitted work.

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**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Isto Biologics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid Consultant; Research Support	X
Arthrex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant	X

ADD

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 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

American Orthopaedic Foot and Ankle Society: Board or committee member
Arthroscopy Association of North America: Board or committee member
European Society for Sports Traumatology, Knee Surgery and Arthroscopy (ESSKA) Ankle and Foot Associates (AFAS): Board or committee member
International Society for Cartilage Repair of the Ankle: Board or committee member

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.

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Dr. Kennedy reports other from Isto Biologics, other from Arthrex , outside the submitted work; and American Orthopaedic Foot and Ankle Society: Board or committee member
Arthroscopy Association of North America: Board or committee member
European Society for Sports Traumatology, Knee Surgery and Arthroscopy (ESSKA) Ankle and Foot Associates (AFAS): Board or committee member
International Society for Cartilage Repair of the Ankle: Board or committee member.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)	2. Surname (Last Name)	3. Date
James	Stone	21-July-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
		John G. Kennedy
5. Manuscript Title	In-Office Needle Tendoscopy of the Peroneal Tendons	
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

ADD

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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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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Arthroscopy Association of North America: Board or committee member

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Dr. Stone reports and Arthroscopy Association of North America: Board or committee member

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Section 1. Identifying Information

1. Given Name (First Name) Nathaniel	2. Surname (Last Name) Mercer	3. Date 21-July-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John G. Kennedy
5. Manuscript Title In-Office Needle Tendoscopy of the Peroneal Tendons		
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

ADD

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Dr. Mercer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ajay	2. Surname (Last Name) Kanakamedla	3. Date 21-July-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John G. Kennedy
5. Manuscript Title In-Office Needle Tendoscopy of the Peroneal Tendons		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Kanakamedla has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Colasanti	3. Date 21-July-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John G. Kennedy
5. Manuscript Title In-Office Needle Tendoscopy of the Peroneal Tendons		
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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

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Dr. Colasanti has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Chen	3. Date 21-July-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John G. Kennedy
5. Manuscript Title In-Office Needle Tendoscopy of the Peroneal Tendons		
6. Manuscript Identifying Number (if you know it)		

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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

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Chen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Kaplan	3. Date 21-July-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John G. Kennedy
5. Manuscript Title In-Office Needle Tendoscopy of the Peroneal Tendons		
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Are there any relevant conflicts of interest? Yes No

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Dr. Kaplan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Dankert	3. Date 21-July-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John G. Kennedy
5. Manuscript Title In-Office Needle Tendoscopy of the Peroneal Tendons		
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Dr. Dankert has nothing to disclose.

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Dr. Hurley has nothing to disclose.

Evaluation and Feedback

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