

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

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Annunziato

2. Surname (Last Name)

Amendola

3. Date

06-January-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Nathan L. Grimm, MD

5. Manuscript Title

Ankle Injury Prevention Programs for Soccer Athletes: A Level I Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)

JBJS-D-15-00933R1

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1. Given Name (First Name)
Nathan

2. Surname (Last Name)
Grimm

3. Date
06-January-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Grimm has nothing to disclose.

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1. Given Name (First Name) John	2. Surname (Last Name) Jacobs	3. Date 06-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nathan L. Grimm, MD
5. Manuscript Title Ankle Injury Prevention Programs for Soccer Athletes: A Level I Systematic Review and Meta-Analysis		
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Nathan

2. Surname (Last Name)
Grimm

3. Date
22-August-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Ankle Injury Prevention Programs for Soccer Athletes: A Level I Systematic Review and Meta-Analysis

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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Dr. Grimm has nothing to disclose.

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