

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sander

2. Surname (Last Name)
van Hoeve

3. Date
29-November-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Gait analysis and functional outcome after calcaneal fractures

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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There was no funding for this manuscript or conflict of interest.

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Section 1. Identifying Information

1. Given Name (First Name)

Jim

2. Surname (Last Name)

de Vos

3. Date

20-April-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

S. van Hove

5. Manuscript Title

Gait analysis and functional outcome after calcaneal fractures

6. Manuscript Identifying Number (if you know it)

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Dr. de Vos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Paul	2. Surname (Last Name) Willems	3. Date 20-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name S. van Hove
5. Manuscript Title Gait analysis and functional outcome after calcaneal fractures		
6. Manuscript Identifying Number (if you know it)		

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Dr. Willems has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jan

2. Surname (Last Name)

Verbruggen

3. Date

19-April-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

S. van Hove

5. Manuscript Title

Gait analysis and functional outcome after calcaneal fractures

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Martijn	2. Surname (Last Name) Poeze	3. Date 21-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name S. van Hove
5. Manuscript Title Gait analysis and functional outcome after calcaneal fractures		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name S. van Hove
5. Manuscript Title Gait analysis and functional outcome after calcaneal fractures		
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.)?

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Dr. Meijer has nothing to disclose.

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