

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.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bryce	2. Surname (Last Name) Van Doren	3. Date 26-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susan Odum
5. Manuscript Title Higher In-hospital Complications Following Ankle Arthrodesis Versus Ankle Arthroplasty: A matched cohort		
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

Section 3. Relevant financial activities outside the submitted work.

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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

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

Mr. Van Doren has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Robert 2. Surname (Last Name) Anderson 3. Date 26-July-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Susan Odum

5. Manuscript Title
Higher In-hospital Complications Following Ankle Arthrodesis Versus Ankle Arthroplasty: A matched cohort study

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amniox	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wright Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DJ Orthopaedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Anderson reports personal fees from Amniox, personal fees from Wright Medical, personal fees from Arthrex, personal fees from DJ Orthopaedics, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Susan

2. Surname (Last Name)
Odum

3. Date
26-July-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Higher In-hospital Complications Following Ankle Arthrodesis Versus Ankle Arthroplasty: A matched cohort study

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Dr. Odum has nothing to disclose.

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1. Given Name (First Name) W. Hodges 2. Surname (Last Name) Davis 3. Date 26-July-2016

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Susan Odum

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