

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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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) Eric	2. Surname (Last Name) Ferkel	3. Date 14-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kurt Hofmann
5. Manuscript Title Salto Talaris total ankle arthroplasty: Early clinical results from eighty-one consecutive patients by a single surgeon		
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

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Ferkel has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Jockel	3. Date 14-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kurt Hofmann
5. Manuscript Title Salto Talaris total ankle arthroplasty: Early clinical results from eighty-one consecutive patients by a single surgeon		
6. Manuscript Identifying Number (if you know it)		

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Dr. Jockel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Kurt

2. Surname (Last Name)

Hofmann

3. Date

14-December-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Salto Talaris total ankle arthroplasty: Early clinical results from eighty-one consecutive patients by a single surgeon

6. Manuscript Identifying Number (if you know it)

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Dr. Hofmann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) _____
Mark

2. Surname (Last Name) _____
Slovenkai

3. Date _____
14-December-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name _____
Kurt Hofmann, MD

5. Manuscript Title _____
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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
Tornier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant

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 1. Identifying Information

1. Given Name (First Name) Zabrina	2. Surname (Last Name) Shabin	3. Date 14-December-2015
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Dr. Shabin has nothing to disclose.

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