

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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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)

Ashley

2. Surname (Last Name)

Erdman

3. Date

22-June-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Kelly Jeans

5. Manuscript Title

Functional Outcomes Following Treatment for Clubfoot: 10 Year Follow-up

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00317R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

Yes

No

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Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

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Yes

No

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Section 6. Disclosure Statement

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Mrs. Erdman has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kelly

2. Surname (Last Name)

Jeans

3. Date

21-June-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Functional Outcomes Following Treatment for Clubfoot: 10 Year Follow-up

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00317R1

Section 2. The Work Under Consideration for Publication

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Kelly Jeans has nothing to disclose.

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1. Given Name (First Name)

Lori

2. Surname (Last Name)

Karol

3. Date

21-June-2018

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Yes No

Corresponding Author's Name

Kelly Jeans

5. Manuscript Title

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Dr. Karol has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Wilshaw	2. Surname (Last Name) Stevens	3. Date 21-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kelly Jeans
5. Manuscript Title Functional Outcomes Following Treatment for Clubfoot: 10 Year Follow-up		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00317R1		

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