

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.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Daniel

2. Surname (Last Name) Bohl

3. Date 01-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Validated Risk Stratification System for Prediction of Early Adverse Events Following Open Reduction and Internal Fixation of the Ankle

6. Manuscript Identifying Number (if you know it)

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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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
OPED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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AOFAS research committee.

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Dr. Bohl reports grants from OPED, outside the submitted work; and AOFAS research committee..

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kamran 2. Surname (Last Name) Hamid 3. Date 01-May-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Daniel D. Bohl

5. Manuscript Title
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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name) George	2. Surname (Last Name) Holmes	3. Date 01-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel D. Bohl
5. Manuscript Title Validated Risk Stratification System for Prediction of Early Adverse Events Following Open Reduction and Internal Fixation of the Ankle		
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Dr. Holmes has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Simon	2. Surname (Last Name) Lee	3. Date 01-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel D. Bohl
5. Manuscript Title Validated Risk Stratification System for Prediction of Early Adverse Events Following Open Reduction and Internal Fixation of the Ankle		
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Dr. Lee has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Johnny

2. Surname (Last Name)

Lin

3. Date

01-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Daniel D. Bohl

5. Manuscript Title

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

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Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Alex	2. Surname (Last Name) Idarraga	3. Date 01-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel D. Bohl
5. Manuscript Title Validated Risk Stratification System for Prediction of Early Adverse Events Following Open Reduction and Internal Fixation of the Ankle		
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.)?

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

Mr. Idarraga has nothing to disclose.

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