

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Daniel

2. Surname (Last Name)
McKearney

3. Date
29-June-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
William R. Ledoux

5. Manuscript Title
Functional Effects of Anterior and Posterior Malalignments in Total Ankle Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Daniel McKearney has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Bruce

2. Surname (Last Name)
Sangeorzan

3. Date
29-June-2018

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

5. Manuscript Title
Functional Effects of Anterior and Posterior Malalignments in Total Ankle Arthroplasty

6. Manuscript Identifying Number (if you know it)

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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
JBJS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Deputy Editor for The Journal of Bone and Joint Surgery

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sangeorzan reports other from JBJS, outside 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)
Brian

2. Surname (Last Name)
Cook

3. Date
02-January-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
William Ledoux

5. Manuscript Title
Functional Effects of Anterior and Posterior Malalignments in Total Ankle Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Department of Veteran Affairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Mr. Cook reports grants from Department of Veteran Affairs, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bryan	2. Surname (Last Name) Monier	3. Date 22-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name William Ledoux
5. Manuscript Title Functional Effects of Anterior and Posterior Malalignments in Total Ankle Arthroplasty		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Monier 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)

Christina

2. Surname (Last Name)

Stender

3. Date

28-June-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

William Ledoux

5. Manuscript Title

Functional Effects of Anterior and Posterior Malalignments in Total Ankle Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Mrs. Stender has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Erik	2. Surname (Last Name) Moore	3. Date 01-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. William R. Ledoux
5. Manuscript Title Functional Effects of Anterior and Posterior Malalignments in Total Ankle Arthroplasty		
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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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
William

2. Surname (Last Name)
Ledoux

3. Date
28-June-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Functional Effects of Anterior and Posterior Malalignments in Total Ankle Arthroplasty

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

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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1. Given Name (First Name) Lea	2. Surname (Last Name) Gunnell	3. Date 03-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name William Ledoux
5. Manuscript Title Functional Effects of Anterior and Posterior Malalignments in Total Ankle Arthroplasty		
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