ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Gi Won
2. Surname (Last Name)  Choi
3. Date  29-August-2020
4. Are you the corresponding author?  ✔ Yes  ☐ No

5. Manuscript Title
Arthroscopic all-inside anterior talofibular ligament repair with and without inferior extensor retinaculum reinforcement: A prospective randomized study
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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.

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Section 6. Disclosure Statement

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Dr. Choi reports grants from Korea University Ansan Hospital, during the conduct of the study.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Joon

2. Surname (Last Name)  
Jo

3. Date
29-August-2020

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☐ Yes  ☑ No

Corresponding Author’s Name
Gi Won Choi

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Dr. Jo has nothing to disclose.

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1. Given Name (First Name) Hak Jun
2. Surname (Last Name) Kim
3. Date 29-August-2020
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Dr. Kim has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | Won Seok |
| 2. Surname (Last Name) | Kim |
| 3. Date | 29-August-2020 |
| 4. Are you the corresponding author? | ☑ No |
| Corresponding Author’s Name | Gi Won Choi |

- **Manuscript Title**: Arthroscopic all-inside anterior talofibular ligament repair with and without inferior extensor retinaculum reinforcement: A prospective randomized study
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Dr. Kim has nothing to disclose.

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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**Definitions.**

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

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

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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**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
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Section 1. Identifying Information

1. Given Name (First Name)  
   Dong Hun

2. Surname (Last Name)  
   Suh

3. Date  
   29-August-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Gi Won Choi

5. Manuscript Title  
   Arthroscopic all-inside anterior talofibular ligament repair with and without inferior extensor retinaculum reinforcement: A prospective randomized study

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?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Suh has nothing to disclose.

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