ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Antoine

2. Surname (Last Name)  
   Acker

3. Date  
   21-July-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   Halah Kutaish

5. Manuscript Title  
   Three-year Reoperation and Revision Rates following Mobile vs Fixed Bearing Total Ankle Replacement: A Cohort of 302 Patients Treated with two Implants of Similar Design

6. Manuscript Identifying Number (if you know it)

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Dr. Acker has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Mathieu

2. Surname (Last Name)  
Assal

3. Date  
21-July-2020

4. Are you the corresponding author?  
[ ] Yes  [ ] No

Corresponding Author’s Name  
Halah Kutaish

5. Manuscript Title
Three-year Reoperation and Revision Rates following Mobile vs Fixed Bearing Total Ankle Replacement: A Cohort of 302 Patients Treated with two Implants of Similar Design

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Section 4. Intellectual Property -- Patents & Copyrights

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PD. Dr. Assal has nothing to disclose.

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1. Given Name (First Name)  
   Xavier  
2. Surname (Last Name)  
   Crevoisier  
3. Date  
   21-July-2020  
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Halah Kutaish  
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Prof. Dr. Crevoisier has nothing to disclose.

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1. Given Name (First Name)  
Jan

2. Surname (Last Name)  
Hattendorf

3. Date  
21-July-2020

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☐ Yes  ✔ No

Corresponding Author’s Name  
Halah Kutaish

5. Manuscript Title  
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2. Surname (Last Name)  Kutaish
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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Anne

2. **Surname (Last Name)**
   - Lubbeke

3. **Date**
   - 21-July-2020

4. **Are you the corresponding author?**
   - Yes [✔]
   - No [ ]

   **Corresponding Author’s Name**
   - Halah Kutaish

5. **Manuscript Title**
   - Three-year Reoperation and Revision Rates following Mobile vs Fixed Bearing Total Ankle Replacement: A Cohort of 302 Patients Treated with two Implants of Similar Design

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   - No [✔]

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?
   - Yes [ ]
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
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Section 5.  Relationships not covered above

Are there 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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Section 6.  Disclosure Statement

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

Prof Dr. Lubbeke has nothing to disclose.

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