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)  
Judith

2. Surname (Last Name)  
Baumhauer

3. Date  
21-February-2020

4. Are you the corresponding author?  
☑ Yes  
No

Corresponding Author’s Name  
David Fitch

5. Manuscript Title  
The Impact of Age and Graft Material on Foot and Ankle Arthrodesis Success

6. Manuscript Identifying Number (if you know it)  
JBJS-D-19-01387R1

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Are there any relevant conflicts of interest?  
☑ Yes  
No

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<td>✓</td>
<td>IP Royalties</td>
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**Section 4. Intellectual Property -- Patents & Copyrights**

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- [ ] Yes
- [X] No

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Dr. Baumhauer reports personal fees from CORR, personal fees from DJ Orthopaedics, personal fees from Nextremity Solutions, other from PROMIS Health Organization, personal fees from Stryker, other from Techniques in Foot and Ankle Surgery, personal fees from Wright Medical Group N.V., personal fees from Zimmer, other from American Orthopaedic Foot & Ankle Society, other from Nextremity Solutions, outside the submitted work.
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Section 1. Identifying Information

1. Given Name (First Name)  
Gregory

2. Surname (Last Name)  
Berlet

3. Date  
21-February-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author's Name  
David Fitch

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Section 1. Identifying Information

1. Given Name (First Name) Timothy
2. Surname (Last Name) Daniels
3. Date 22-November-2019
4. Are you the corresponding author? [No]
   Corresponding Author’s Name David Fitch
5. Manuscript Title
   The Impact of Age and Graft Material on Foot and Ankle Arthrodesis Success
6. Manuscript Identifying Number (if you know it)
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### 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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Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   DiGiovanni

3. Date  
   02-March-2020

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

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   David Fitch

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<td>☑</td>
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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)  
   David

2. Surname (Last Name)  
   Fitch

3. Date  
   21-February-2020

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title  
   The Impact of Age and Graft Type on Foot and Ankle Arthrodesis Fusion Success

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-01387

Section 2. The Work Under Consideration for Publication

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Dr. Fitch reports other from Wright Medical Group N.V., during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Glazebrook

3. Date  
18-January-2019

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
David Fitch

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Consultant for Wright Medical

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Haddad
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Section 1. Identifying Information

1. Given Name (First Name)  
   Steven

2. Surname (Last Name)  
   Haddad

3. Date  
   18-August-2019

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

   Corresponding Author’s Name  
   David Fitch

5. Manuscript Title  
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Section 1. Identifying Information

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   Jovelyn

2. Surname (Last Name)  
   Quiton

3. Date  
   15-June-1972

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   David Fitch

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<td>salaried employee during the conduct of the study and manuscript preparation</td>
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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.


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.

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
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
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)  
   Alastair

2. Surname (Last Name)  
   Younger

3. Date  
   02-March-2020

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

   Corresponding Author’s Name  
   David Fitch

5. Manuscript Title  
   IMPACT OF PATIENT AGE AND GRAFT TYPE ON FUSION FOLLOWING ANKLE AND HINDFOOT ARTHRODESIS

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-01387R1

**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?  
[ ] Yes  
[X] 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 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  
[X] No

If yes, please fill out the appropriate information below.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
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Stryker | ☐ | ☑ | ☐ | ☐ | 
Zimmer | ☑ | ☑ | ☐ | ☐ | 
Aminox | ☑ | ☐ | ☐ | ☐ | 

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

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

Dr. Younger reports grants and personal fees from Wright medical, during the conduct of the study; grants and personal fees from Acumed, grants from Synthes, grants from Arthrex, personal fees from Conmed Linvatec, personal fees from Stryker, grants and personal fees from Zimmer, grants from Aminox, outside the submitted work.
Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.