

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Kennedy

3. Date
08-August-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Operative Treatment of Lateral Ankle Instability

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
Arteriocyte, Inc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant to Hospital for Special Surgery; Consultant
Ohnell Family Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant to Hospital for Special Surgery
Mr. and Mrs. Michael J. Levitt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant to Hospital for Special Surgery

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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 6. Disclosure Statement

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Dr. Kennedy reports grants and personal fees from Artericyte, Inc., grants from Ohnell Family Foundation, grants from Mr. and Mrs. Michael J. Levitt, 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) Christopher	2. Surname (Last Name) Murawski	3. Date 08-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John G. Kennedy
5. Manuscript Title Operative Treatment of Lateral Ankle Instability		
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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Murawski has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Masato	2. Surname (Last Name) Takao	3. Date 08-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John G. Kennedy
5. Manuscript Title Operative Treatment of Lateral Ankle Instability		
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Dr. Takao has nothing to disclose.

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1. Given Name (First Name) Adi	2. Surname (Last Name) Wollstein	3. Date 08-August-2015
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Ms. Wollstein has nothing to disclose.

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Dr. Yasui has nothing to disclose.

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