

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Aakash	2. Surname (Last Name) Chauhan	3. Date 02-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edward Westrick
5. Manuscript Title The Acute Management and Associated Complications of Major Talus Injuries		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-16-00075R1		

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 No

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Are there any relevant conflicts of interest? Yes No

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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.

Dr. Chauhan has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gregory 2. Surname (Last Name) Altman 3. Date 02-October-2016

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

5. Manuscript Title
The Acute Management and Associated Complications of Major Talus Injuries

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-16-00075R1

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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
COTA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational Grants
AO North America	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker Fees

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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Dr. Altman reports grants from COTA, personal fees from AO North America, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Maher	3. Date 02-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edward Westrick
5. Manuscript Title The Acute Management and Associated Complications of Major Talus Injuries		
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Dr. Maher 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)
Edward

2. Surname (Last Name)
Westrick

3. Date
02-October-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
The Acute Management and Associated Complications of Major Talus Injuries

6. Manuscript Identifying Number (if you know it)
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