ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Matthew
2. Surname (Last Name) Day
3. Date 12-August-2019
4. Are you the corresponding author? Yes No
   Corresponding Author’s Name Edward Ebramzadeh
5. Manuscript Title
   Are Total Ankle Replacements Evaluated Appropriately for Wear Resistance
6. Manuscript Identifying Number (if you know it)
   D-19-00091

Section 2. The Work Under Consideration for Publication

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Matthew Day has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Edward

2. Surname (Last Name)  
   Ebramzadeh

3. Date  
   12-August-2019

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

5. Manuscript Title  
   Are Total Ankle Replacements Evaluated Appropriately for Wear Resistance

6. Manuscript Identifying Number (if you know it)  
   D-19-00091

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Dr. Ebramzadeh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Angela

2. Surname (Last Name)  
   Mujukian

3. Date  
   12-August-2019

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

   Corresponding Author’s Name  
   Edward Ebrahimzadeh

5. Manuscript Title  
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Dr. Mujukian has nothing to disclose.

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Section 1. Identifying Information
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   Sophia
2. Surname (Last Name)  
   Sangiorgio
3. Date  
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Dr. Sangiorgio has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Nathan

2. Surname (Last Name)  
   Ho

3. Date  
   12-August-2019

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   Edward Ebramzadeh

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Nathan Ho has nothing to disclose.

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