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)  Caleb
2. Surname (Last Name)  Grote
3. Date  22-September-2019
4. Are you the corresponding author?  ✔ Yes

5. Manuscript Title
Primary Arthrodesis for Diabetic Ankle Fractures: A Series of 17 Cases and Retrospective Comparison to Surgical Fixation

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  ✔ No

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Are there any relevant conflicts of interest?  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Grote 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)  
   William

2. Surname (Last Name)  
   Tucker

3. Date  
   22-September-2019

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

Corresponding Author’s Name  
Caleb Grote

5. Manuscript Title  
   Primary Arthrodesis for Diabetic Ankle Fractures: A Series of 17 Cases and Retrospective Comparison to Surgical Fixation

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[ ] Yes  
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Are there any relevant conflicts of interest?  
[ ] Yes  
✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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✔ No
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Dr. Tucker has nothing to disclose.

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### Identifying Information

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

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

3. **Date**
   - 22-September-2019

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Primary Arthrodesis for Diabetic Ankle Fractures: A Series of 17 Cases and Retrospective Comparison to Surgical Fixation

6. **Manuscript Identifying Number (if you know it)**
   - 

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Dr. Stumpff has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mitch
2. Surname (Last Name) Birt
3. Date 22-September-2019

4. Are you the corresponding author? ☑ No

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)  Greg
2. Surname (Last Name)     Horton
3. Date                     22-September-2019
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name
   Caleb Grote

5. Manuscript Title
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If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments     |
|----------------|--------|----------------|------------------------|--------|--------------|
| Stryker        |        | ✔              |                        |        | Paid consultant |

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Dr. Horton reports personal fees from Stryker, outside the submitted work.

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