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.

1. Identifying information.

2. The work under consideration for publication.

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”.

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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) Justin
2. Surname (Last Name) Ray
3. Date 31-December-2017
4. Are you the corresponding author? Yes
5. Manuscript Title Hallux Valgus: Current Concepts Review
6. Manuscript Identifying Number (if you know it)

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

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.

| Name of Institution/Company       | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------------------------|--------|----------------|------------------------|--------|----------|
| Foot & Ankle Orthopaedics        | ✔      |                |                        |        |          |

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Are there any relevant conflicts of interest? Yes

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes

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Ray
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ray reports grants from Foot & Ankle Orthopaedics, during the conduct of the study; .

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)  
   Andrew

2. Surname (Last Name)  
   Friedmann

3. Date  
   31-December-2017

4. Are you the corresponding author?  
   ✔ Yes  ☐ No  
   Corresponding Author’s Name  
   Justin Ray

5. Manuscript Title  
   Hallux Valgus: Current Concepts Review

6. Manuscript Identifying Number (if you know it)

**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

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.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|--------|----------------|------------------------|--------|----------|
| Foot & Ankle Orthopaedics   | ✔      | ☐              | ☐                      | ☐      |          |

**Section 3. Relevant financial activities outside the submitted work.**

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   ☐ Yes  ✔ No

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

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

Friedmann
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Friedmann reports grants from Foot & Ankle Orthopaedics, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Andrew
2. Surname (Last Name)  Hanselman
3. Date  31-December-2017
4. Are you the corresponding author?  Yes  ✔ No
5. Manuscript Title  Hallux Valgus: Current Concepts Review

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.)?  ✔ Yes  No

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| Foot & Ankle Orthopaedics            | ✔      | ☐             | ☐                      | ☐      |          |

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Are there any relevant conflicts of interest?  ☐ Yes  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Justin

2. Surname (Last Name)  
   Vaida

3. Date  
   27-February-2019

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author’s Name  
   Dr. Justin J. Ray

5. Manuscript Title  
   Hallux Valgus: Current Concepts Review

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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Dr. Vaida has nothing to disclose.

[Signature]

Vaida

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Paul

2. **Surname (Last Name)**  
   Dayton

3. **Date**  
   31-December-2017

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

5. **Manuscript Title**  
   Hallux Valgus: Current Concepts Review

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

## Section 2. The Work Under Consideration for Publication

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|-----------------------------|--------|----------------|------------------------|--------|----------|
| Foot & Ankle Orthopaedics   | ✔      | ✗             | ✗                      | ✗      |          |

## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  

If yes, please fill out the appropriate information below.

| Name of Entity              | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments  |
|-----------------------------|--------|----------------|------------------------|--------|-----------|
| Treace Medical Concepts, Inc.| ✗      | ✗             | ✗                      | ✔      | Paid consultant |
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. Dayton reports grants from Foot & Ankle Orthopaedics, during the conduct of the study; other from Treace Medical Concepts, Inc., outside the submitted work; Dr. Dayton is up to date with AAOS disclosures and policies.

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3. Relevant financial activities outside the submitted work.

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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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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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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)  
   Daniel  

2. Surname (Last Name)  
   Hatch  

3. Date  
   31-December-2017  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

   Corresponding Author’s Name  
   Justin Ray  

5. Manuscript Title  
   Hallux Valgus: Current Concepts Review  

6. Manuscript Identifying Number (if you know it)  

### 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  

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.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|--------|----------------|------------------------|--------|----------|
| Foot & Ankle Orthopaedics   | ✔      |               |                        |        |          |

### 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  
   No  

If yes, please fill out the appropriate information below.

| Name of Entity                  | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments      |
|--------------------------------|--------|----------------|------------------------|--------|---------------|
| Treace Medical Concepts, Inc.  |        |                |                        | ✔      | Paid consultant |
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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

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):

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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. Hatch reports grants from Foot & Ankle Orthopaedics, during the conduct of the study; other from Treace Medical Concepts, Inc., outside the submitted work; Dr. Hatch is up to date with AAOS disclosures and policies.

Evaluation and Feedback

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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.

1. Identifying information.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Bret

2. Surname (Last Name)  
   Smith

3. Date  
   31-December-2017

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Justin Ray

5. Manuscript Title  
   Hallux Valgus: Current Concepts Review

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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|-----------------------------|--------|----------------|------------------------|--------|----------|
| Foot & Ankle Orthopaedics   | ✔      | No             | No                     | No     |          |

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|------------------------------|--------|----------------|------------------------|--------|----------|
| Treace Medical Concepts, Inc.| No     | No             | No                     | ✔      | Paid consultant |
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Smith reports grants from Foot & Ankle Orthopaedics, during the conduct of the study; other from Treace Medical Concepts, Inc., outside the submitted work; Dr. Smith is up to date with AAOS disclosures and policies.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Santrock

3. Date  
   31-December-2017

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

5. Manuscript Title  
   Hallux Valgus: Current Concepts Review

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| Treace Medical Concepts, Inc.         | ☐      | ☐             | ☐                      | ✔      | Paid consultant |
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