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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Section 1. Identifying Information

1. Given Name (First Name)  Ming
2. Surname (Last Name) Ni
3. Date  04-December-2020
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Yongwei Jia
5. Manuscript Title
   Fracture mapping of complex intra-articular calcaneal fractures
6. Manuscript Identifying Number (if you know it)
   ATM-20-7824

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Dr. Ni 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)  
Miko Lin

2. Surname (Last Name)  
Lv

3. Date  
04-December-2020

4. Are you the corresponding author?  
☑️ Yes  
☐ No  
Corresponding Author’s Name  
Yongwei Jia

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6. Manuscript Identifying Number (if you know it)  
ATM-20-7824

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Dr. Lv has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Wanju                    | Sun                    | 04-December-2020 |

4. Are you the corresponding author?  
   - Yes  
   - No  

   Corresponding Author’s Name  
   Yongwei Jia

5. Manuscript Title  
   Fracture mapping of complex intra-articular calcaneal fractures

6. Manuscript Identifying Number (if you know it)  
   ATM-20-7824

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Dr. Sun has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Yingqi
2. Surname (Last Name)  Zhang
3. Date  04-December-2020
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Yongwei Jia
5. Manuscript Title  Fracture mapping of complex intra-articular calcaneal fractures
6. Manuscript Identifying Number (if you know it)  ATM-20-7824

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Jiong

2. Surname (Last Name)  
   Mei

3. Date  
   04-December-2020

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

   Corresponding Author’s Name  
   Yongwei Jia

5. Manuscript Title  
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1. Given Name (First Name)  
   Duo Wai-Chi

2. Surname (Last Name)  
   Wong

3. Date  
   04-December-2020

4. Are you the corresponding author?  
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5. Manuscript Title  
   Fracture mapping of complex intra-articular calcaneal fractures

6. Manuscript Identifying Number (if you know it)  
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|-----------------------------|------------------------|---------|
| Haowei                      | Zhang                  | 04-December-2020 |

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

Corresponding Author’s Name  
Yongwei Jia

5. Manuscript Title  
Fracture mapping of complex intra-articular calcaneal fractures

6. Manuscript Identifying Number (if you know it)  
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1. Given Name (First Name)
   - Yongwei
2. Surname (Last Name)
   - Jia
3. Date
   - 03-December-2020
4. Are you the corresponding author?
   - Yes ✔
5. Manuscript Title
   - Fracture mapping of complex intra-articular calcaneal fractures
6. Manuscript Identifying Number (if you know it)
   - ATM-20-7824

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| 1. Given Name (First Name) | Ming |
|---------------------------|------|
| 2. Surname (Last Name)   | Zhang |
| 3. Date                   | 04-December-2020 |
| 4. Are you the corresponding author? | Yes ☑ No |
| Corresponding Author’s Name | Yongwei Jia |

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