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.

5. Relationships not covered above.

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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)  
Kenneth

2. Surname (Last Name)  
Smith

3. Date  
08-July-2019

4. Are you the corresponding author?  
Yes  ✔ No

Corresponding Author’s Name  
Kenneth Hunt

5. Manuscript Title  
Patient Outcomes Differences Following Ankle Fracture Fixation With or Without Ankle Arthroscopy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
Yes  ✔ No

Section 3. Relevant financial activities outside the submitted work.

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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?  
Yes  ✔ No
Section 5. Relationships not covered above

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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. Smith 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) | Katherine |
|----------------------------|-----------|
| 2. Surname (Last Name)     | Drexelius |
| 3. Date                    | 08-July-2019 |
| 4. Are you the corresponding author? | [ ] Yes [X] No |
| Corresponding Author’s Name | Kenneth Hunt |

### Manuscript Title
Patient Outcomes Differences Following Ankle Fracture Fixation With or Without Ankle Arthroscopy

### Manuscript Identifying Number (if you know it)

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## Section 2. The Work Under Consideration for Publication

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

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

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

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Dr. Drexelius has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Shanthan
2. Surname (Last Name)  Challa
3. Date  08-July-2019
4. Are you the corresponding author?  Yes  No  ✔

Corresponding Author’s Name
Kenneth Hunt

5. Manuscript Title
Patient Outcomes Differences Following Ankle Fracture Fixation With or Without Ankle Arthroscopy

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Dr. Challa has nothing to disclose.

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Section 1. Identifying Information

| 1. Given Name (First Name) | Daniel |
|-----------------------------|--------|
| 2. Surname (Last Name)     | Moon   |
| 3. Date                     | 05-August-2019 |
| 4. Are you the corresponding author? | Yes ☐ No ✔ |
| Corresponding Author’s Name | Kenneth Hunt |
| 5. Manuscript Title         | Patient Outcomes Differences Following Ankle Fracture Fixation With or Without Ankle Arthroscopy |

Section 2. The Work Under Consideration for Publication

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Dr. Moon has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Joshua  
2. Surname (Last Name)  Metzl  
3. Date  08-July-2019  
4. Are you the corresponding author?  Yes  No  ✔  
   Corresponding Author’s Name  Kenneth Hunt  
5. Manuscript Title  Patient Outcomes Differences Following Ankle Fracture Fixation With or Without Ankle Arthroscopy  
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If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------|----------------|------------------------|--------|----------|
| Arthrex        |        | ✔              |                        |        |          |

Section 4. Intellectual Property -- Patents & Copyrights

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

Metzl
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Metzl reports personal fees from Arthrex, outside the submitted work.

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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)
   Kenneth

2. Surname (Last Name)
   Hunt

3. Date
   10-July-2019

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

5. Manuscript Title
   Patient Outcomes Differences Following Ankle Fracture Fixation With or Without Ankle Arthroscopy

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

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 |
|------------------|--------|----------------|------------------------|--------|----------|
| Panther Medical  |        | ☑              |                        |        |          |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ 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.
## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
|---------|----------|---------|-----------|------------|-----------|----------|
| ✔️ PUMA Syndesmosis Fixation device | □ | ✔️ | □ | □ | | None of these implants were used in this study |

### 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):
- [x] No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### 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. Hunt reports personal fees from Panther Medical, outside the submitted work; In addition, Dr. Hunt has a patent PUMA Syndesmosis Fixation device issued.

### Evaluation and Feedback

Please visit [http://www.icmje.org/cgi-bin/feedback](http://www.icmje.org/cgi-bin/feedback) to provide feedback on your experience with completing this form.