ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Esmeee

2. Surname (Last Name)  
   Engelmann

3. Date  
   23-October-2020

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

   Corresponding Author’s Name  
   Schepers

5. Manuscript Title  
   The management and outcome of hindfoot trauma with concomitant talar injury

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 ☑

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

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

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Yes ☐  No ☑
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Dr. Engelmann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Olivier
2. Surname (Last Name)  Wijers
3. Date  23-October-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  The management and outcome of hindfoot trauma with concomitant talar injury
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Wijers has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jelle
2. Surname (Last Name)  Posthuma
3. Date  23-October-2020

4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name
Schepers

5. Manuscript Title
The management and outcome of hindfoot trauma with concomitant talar injury

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1. Given Name (First Name)  
   Tim

2. Surname (Last Name)  
   Schepers

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   23-October-2020

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   ✔ Yes  ☐ No

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