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) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Sebastian                 | Baumbach               | 10-November-2019 |

| 4. Are you the corresponding author? | 5. Manuscript Title |
|--------------------------------------|---------------------|
| Yes                                  | Functional Treatment of Epiphyseal Fractures of the Base of the Fifth Metatarsal (Lawrence & Botte I/II) leads to excellent long-term results |

| 6. Manuscript Identifying Number (if you know it) |
|---------------------------------------------------|
| Corresponding Author’s Name: Hans Polzer |

## Section 2. The Work Under Consideration for Publication

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Yes ☐ No ☑

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

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Yes ☐ No ☑

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

Yes ☐ No ☑
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Dr. Baumbach 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)**
   Marcel

2. **Surname (Last Name)**
   Urresti-Gundlach

3. **Date**
   12-November-2019

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

5. **Manuscript Title**
   Functional Treatment of Epi-Metaphyseal Fractures of the Base of the Fifth Metatarsal (Lawrence & Botte I/II) leads to excellent long-term results

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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Dr. Urresti-Gundlach has nothing to disclose.

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Böcker
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Wolfgang
2. Surname (Last Name) Böcker
3. Date 12-November-2019
4. Are you the corresponding author? □ Yes ✔ No
   Corresponding Author's Name

5. Manuscript Title
  Functional Treatment of Epi-Metaphyseal Fractures of the Base of the Fifth Metatarsal (Lawrence & Botte I/II) leads to excellent long-term results
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Section 1. Identifying Information

1. Given Name (First Name)  
J. Turner

2. Surname (Last Name)  
Vosseller

3. Date  
11-November-2019

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

5. Manuscript Title  
Functional Treatment of Epi-Metaphyseal Fractures of the Base of the Fifth Metatarsal (Lawrence & Botte I/II) leads to excellent long-term results

6. Manuscript Identifying Number (if you know it)

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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 |
|---------------------------|--------|----------------|------------------------|--------|----------|
| Acumed                    | ☑      | ☐              | ☐                      | ☐      |          |
| New Clip Technics         | ☐      | ☐              | ☐                      | ☑      |          |
| Arthrex                   | ☐      | ☐              | ☑                      | ☐      |          |
| Saunders/Mosby-Elsevier   | ☐      | ☐              | ☑                      | ☑      |          |
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Dr. Vosseller reports grants from Acumed, other from New Clip Technics, other from Arthrex, other from Saunders/Mosby-Elsevier, outside the submitted work;

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Section 1. Identifying Information

| 1. Given Name (First Name) | Hans |
|---------------------------|------|
| 2. Surname (Last Name)    | Polzer |
| 3. Date                   | 10-November-2019 |
| 4. Are you the corresponding author? | Yes ✔ No |

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes ✔ No

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