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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)  Paul
2. Surname (Last Name)  Dayton
3. Date  09-April-2020
4. Are you the corresponding author?  Yes ☑ No

5. Manuscript Title
Reduction of Foot Width with Triplanar Tarsometatarsal Arthrodesis for Hallux Valgus Deformity: a Multicenter Study

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 |
|-----------------------------|--------|----------------|-----------------------|-------|----------|
| Trease Medical Concepts, Inc. |   ☑   |               |                       |       | Paid consultant; receives royalties |

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

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.

Dayton
ICMJE Form for Disclosure of Potential Conflicts of Interest

| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
|---------|----------|---------|-----------|------------|-----------|----------|
| 9,622,805 |             | ✓       |           |            | ✓         | Bone positioning and preparation guide systems |
| 0192970  | ✓         |         |           |            | ✓         | Bone plating system and method |
| 9,936,994 |             | ✓       |           |            | ✓         | Bone positioning guide |

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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Dr. Dayton reports personal fees from Treace Medical Concepts, Inc., during the conduct of the study; In addition, Dr. Dayton has a patent 9,622,805 with royalties paid, a patent 0192970 with royalties paid, and a patent 9,936,994 with royalties paid.

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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)  
   William

2. Surname (Last Name)  
   DeCarbo

3. Date  
   09-April-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author’s Name  
   Justin Vaida

5. Manuscript Title  
   Reduction of Foot Width with Triplanar Tarsometatarsal Arthrodesis for Hallux Valgus Deformity: a Multicenter Study

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

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 |
|-----------------------------|--------|----------------|------------------------|--------|----------|
| Treace Medical Concepts, Inc.|        | ✔ paid consultant |                        |        |          |

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
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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  
   09-April-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author’s Name  
   Justin Vaida

5. Manuscript Title  
   Reduction of Foot Width with Triplanar Tarsometatarsal Arthrodesis for Hallux Valgus Deformity: a Multicenter Study

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

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   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)  
Jody

2. Surname (Last Name)  
McAleer

3. Date  
09-April-2020

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

5. Manuscript Title  
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Dr. McAleer reports personal fees from Treace Medical Concepts, Inc., 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) Justin
2. Surname (Last Name) Ray
3. Date 09-April-2020

4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name
   Justin Vaida

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

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Section 6. Disclosure Statement

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Dr. Ray has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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**Other**: Anything not covered under the previous three boxes

**Pending**: The patent has been filed but not issued

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**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)  Robert
2. Surname (Last Name)       Santrock
3. Date                     09-April-2020
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title
   Reduction of Foot Width with Triplanar Tarsometatarsal Arthrodesis for Hallux Valgus Deformity: a Multicenter Study

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                        |
|----------------------------|--------|----------------|------------------------|--------|---------------------------------|
| Treace Medical Concepts, Inc. | ☐      | ✔              | ☐                      | ☐      | Paid consultant; receives royalties |

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

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 |
|---------|----------|---------|-----------|------------|-----------|----------|
| 9,622,805 | ✔ | ✔ | ✔ | ✔ | | Bone positioning and preparation guide systems |
| 0192970 | ✔ | ☐ | ☐ | ✔ | | Bone plating system and method |
| 9,936,994 | ☐ | ✔ | ☐ | ✔ | | Bone positioning guide |

**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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Dr. Santrock reports personal fees from Treace Medical Concepts, Inc., during the conduct of the study; in addition, Dr. Santrock has a patent 9,622,805 with royalties paid, a patent 0192970 with royalties paid, and a patent 9,936,994 with royalties paid.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Taylor

2. Surname (Last Name)  
   Shackleford

3. Date  
   09-April-2020

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

5. Manuscript Title  
   Reduction of Foot Width with Triplanar Tarsometatarsal Arthrodesis for Hallux Valgus Deformity: a Multicenter Study

6. Manuscript Identifying Number (if you know it)

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**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

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

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□ Yes  ✔ No

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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?  
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Dr. Shackleford 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)  W. Bret
2. Surname (Last Name)  Smith
3. Date  09-April-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Justin Vaida
5. Manuscript Title  
Reduction of Foot Width with Triplanar Tarsometatarsal Arthrodesis for Hallux Valgus Deformity: a Multicenter Study
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Are there any relevant conflicts of interest?  Yes  No

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| Treace Medical Concepts, Inc. |        | ✔              |                        |        | Paid consultant; receives royalties |

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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 09-April-2020
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Justin Vaida
5. Manuscript Title
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