ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Joshua
2. Surname (Last Name)  Vaughn
3. Date  17-May-2018
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Allograft Tibiototalocalcaneal Arthrodesis Utilizing Fresh Talus
6. Manuscript Identifying Number (if you know it)

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Dr. Vaughn has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Kenneth
2. Surname (Last Name)          DeFontes
3. Date                     17-May-2018
4. Are you the corresponding author?  
   ✔ Yes  No

5. Manuscript Title
   Allograft Tibiotocalcaneal Arthrodesis Utilizing Fresh Talus

6. Manuscript Identifying Number (if you know it)

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Dr. DeFontes has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Cornelia
2. Surname (Last Name)  Keyser
3. Date  17-May-2018
4. Are you the corresponding author?  Yes  No

5. Manuscript Title  Allograft Tibiotalocalcaneal Arthrodesis Utilizing Fresh Talus
6. Manuscript Identifying Number (if you know it)

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Ms. Keyser has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Eric  
2. Surname (Last Name)  
   Bluman  
3. Date  
   17-May-2018  
4. Are you the corresponding author?  
   ✔ Yes  
   No  
5. Manuscript Title  
   Allograft Tibiotalocalcaneal Arthrodesis Utilizing Fresh Talus  
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Dr. Bluman has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | Jeremy |
|----------------------------|--------|
| 2. Surname (Last Name)    | Smith  |
| 3. Date                   | 17-May-2018 |

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

5. Manuscript Title  
   Allograft Tibiotalocalcaneal Arthrodesis Utilizing Fresh Talus

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   - No [✔]

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   - No [✔]

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Dr. Smith has nothing to disclose.

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