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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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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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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**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)           Johannes
2. Surname (Last Name)               Coetzee
3. Date                               19-February-2020
4. Are you the corresponding author?  ☑ Yes     ☐ No
Corresponding Author’s Name          William Engasser

5. Manuscript Title
Patient Reported Outcomes after Undergoing Implantation of a Synthetic Cartilage Device for the Treatment of Hallux Rigidus

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
If yes, please fill out the appropriate information below.

| Name of Entity          | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-------------------------|--------|----------------|------------------------|--------|----------|
| Arthrex                 | ☐      | ☑              |                        | ☐      |          |
| Bio2 Technologies       | ☐      | ☑              |                        | ☐      |          |
| Biomet                  | ☐      | ☑              |                        | ☐      |          |
| Crossroads              | ☐      | ☐              | ☑                      | ☐      |          |
| Integra                 | ☐      | ☑              | ☐                      | ☑      |          |
| Paragon 28              | ☐      | ☐              | ☑                      | ☑      |          |
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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? □ Yes ☑ No

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Section 6. Disclosure Statement

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Dr. Coetzee reports personal fees from Arthrex, personal fees from Bio2 Technologies, personal fees from Biomet, other from Crossroads, personal fees and other from Integra, other from Paragon 28, outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Bryan
2. Surname (Last Name)  Den Hartog
3. Date  19-February-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Patient Reported Outcomes after Undergoing Implantation of a Synthetic Cartilage Device for the Treatment of Hallux Rigidus

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

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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 |
|-------------------------------------|--------|----------------|------------------------|--------|----------|
| Wright Medical                      |        | ✔              |                        |        |          |
| Bio2 Technologies                   |        | ✔              |                        |        |          |
| CrossRoads Extremity Systems        |        |                |                        |        |          |
| DePuy                               |        | ✔              |                        |        |          |
| FootInnovate.com                    |        | ✔              |                        |        |          |
| Integra                             |        | ✔              |                        |        |          |
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Dr. Den Hartog reports personal fees from Wright Medical, other from Bio2 Technologies, other from CrossRoads Extremity Systems, personal fees and other from DePuy, personal fees from FootInnovate.com, personal fees and other from Integra, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  
Patrick

2. Surname (Last Name)  
Ebeling

3. Date  
19-February-2020

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

5. Manuscript Title  
Patient Reported Outcomes after Undergoing Implantation of a Synthetic Cartilage Device for the Treatment of Hallux Rigidus

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If yes, please fill out the appropriate information below.

| Name of Entity         | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|------------------------|--------|----------------|------------------------|--------|----------|
| FH Orthopedics         | ☐      | ☑              |                        | ☐      |          |
| Integra Life Sciences  | ☐      | ☑              |                        | ☐      |          |
| Orthosolutions         | ☐      | ☑              |                        | ☐      |          |

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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Dr. Ebeling reports personal fees from FH Orthopedics, personal fees from Integra Life Sciences, personal fees from Orthosolutions, outside the submitted work.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   William  
2. **Surname (Last Name)**  
   Engasser  
3. **Date**  
   10-January-2020  
4. **Are you the corresponding author?**  
   [ ] Yes  
   [x] No  
5. **Manuscript Title**  
   Patient Reported Outcomes and Early Complications after Undergoing Implantation of a Synthetic Cartilage Device for the Treatment of Hallux Rigidus  
6. **Manuscript Identifying Number (if you know it)**  

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

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Dr. Engasser has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Russell

2. Surname (Last Name)  
   Giveans

3. Date  
   19-February-2020

4. Are you the corresponding author?  
   Yes  ✔

5. Manuscript Title  
   Patient Reported Outcomes after Undergoing Implantation of a Synthetic Cartilage Device for the Treatment of Hallux Rigidus

6. Manuscript Identifying Number (if you know it)

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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

If yes, please fill out the appropriate information below.

| Name of Entity                  | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--------------------------------|--------|----------------|------------------------|--------|----------|
| Medtrak                        | ❑      | ✔              |                        |        |          |
| Ortholink Pty Ltd              | ❑      | ✔              |                        |        |          |
| Superior Medical Experts       | ❑      | ✔              |                        |        |          |

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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Dr. Giveans reports personal fees from Medtrak, personal fees from Ortholink Pty Ltd, personal fees from Superior Medical Experts, outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**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
## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Scott

2. **Surname (Last Name)**
   - Holthusen

3. **Date**
   - 19-February-2020

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

   **Corresponding Author’s Name**
   - William Engasser

5. **Manuscript Title**
   - Patient Reported Outcomes after Undergoing Implantation of a Synthetic Cartilage Device for the Treatment of Hallux Rigidus

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 [X]

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

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

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

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- No [X]
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Dr. Holthusen has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  Kayla  
2. Surname (Last Name)  Seiffert  
3. Date  19-February-2020  
4. Are you the corresponding author?  [ ] Yes  ✔ No  
   Corresponding Author’s Name  William Engasser  
5. Manuscript Title  
   Patient Reported Outcomes after Undergoing Implantation of a Synthetic Cartilage Device for the Treatment of Hallux Rigidus  
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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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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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Dr. Seiffert has nothing to disclose.

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1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Seybold

3. Date  
   19-February-2020

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   William Engasser

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If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------|----------------|------------------------|--------|----------|
| Accumed        | ☐      | ☑              | ☐                      | ☐      |          |
| MedShape       | ☐      | ☑              | ☐                      | ☐      |          |

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Section 1. Identifying Information

1. Given Name (First Name) Rebecca
2. Surname (Last Name) Stone McGaver
3. Date 19-February-2020
4. Are you the corresponding author? ☑ Yes  ☐ No
    Corresponding Author’s Name William Engasser
5. Manuscript Title Stone McGaver
6. Manuscript Identifying Number (if you know it)

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