ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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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)  Kimberly
2. Surname (Last Name)  Broughton
3. Date  09-June-2020
4. Are you the corresponding author?  Yes  No  ✔

Corresponding Author’s Name
Christopher P. Miller, MD

5. Manuscript Title
Arthrofibrosis of the Ankle

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  ✔

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. Broughton has nothing to disclose.

Evaluation and Feedback

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Frumberg
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   David  
2. **Surname (Last Name)**  
   Frumberg  
3. **Date**  
   09-June-2020  
4. **Are you the corresponding author?**  
   [ ] Yes  
   [x] No  
   **Corresponding Author’s Name**  
   Christopher P. Miller, MD  
5. **Manuscript Title**  
   Arthrofibrosis of the Ankle  
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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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[ ] No
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Dr. Fromberg has nothing to disclose.
Dr. Frumberg 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)  
   John

2. Surname (Last Name)  
   Kwon

3. Date  
   09-June-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Christopher P. Miller, MD

5. Manuscript Title  
   Arthrofibrosis of the Ankle

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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   Yes  ✔  No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kwon has nothing to disclose.

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## Identifying Information

1. Given Name (First Name)  
   Christopher  
2. Surname (Last Name)  
   Miller  
3. Date  
   09-June-2020  
4. Are you the corresponding author?  
   ✔ Yes  
   No  
5. Manuscript Title 
   Arthrofibrosis of the Ankle  
6. Manuscript Identifying Number (if you know it) 

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Dr. Miller has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Shalin  

2. Surname (Last Name)  
   Patel  

3. Date  
   09-June-2020  

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Christopher P. Miller, MD  

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Dr. Patel has nothing to disclose.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

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**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
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Brian

2. Surname (Last Name)  
   Velasco

3. Date  
   09-June-2020

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

   Corresponding Author’s Name  
   Christopher P. Miller, MD

5. Manuscript Title  
   Arthrofibrosis of the Ankle

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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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.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mr. Velasco has nothing to disclose.

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