ICMJE Form for Disclosure of Potential Conflicts of Interest

Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author’s completed form must then be uploaded with the manuscript.

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 in four parts:

Section 1. Identifying information
Enter your full name and provide the manuscript title.

Section 2. The work under consideration for publication
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Graeme  2. Surname Hopper
3. Are you the corresponding author? Yes
4. Effective Date 23-05-20
5. Manuscript Title: Anterior Talofibular Ligament Repair with Suture Tape Augmentation

Section 2. The Work Under Consideration for Publication

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   __No__ Yes, money paid to you __Yes, money paid to institution* Name of entity ___ Comments† ___

2. Consulting fee or honorarium
   __No__ Yes, money paid to you __Yes, money paid to institution* Name of entity ___ Comments† ___

3. Support for travel to meetings for the study or other purposes
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4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like
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5. Payment for writing or reviewing the manuscript
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6. Provision of writing assistance, medicines, equipment, or administrative support
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   - [ ] No
   - [ ] Yes, money paid to you
   - [ ] Yes, money paid to institution
   - Name of entity
   - Comments

2. Consultancy
   - [ ] No
   - [ ] Yes, money paid to you
   - [ ] Yes, money paid to institution
   - Name of entity
   - Comments

3. Employment
   - [ ] No
   - [ ] Yes, money paid to you
   - [ ] Yes, money paid to institution
   - Name of entity
   - Comments

4. Expert testimony
   - [ ] No
   - [ ] Yes, money paid to you
   - [ ] Yes, money paid to institution
   - Name of entity
   - Comments

5. Grants/grants pending
   - [ ] No
   - [ ] Yes, money paid to you
   - [ ] Yes, money paid to institution
   - Name of entity
   - Comments

6. Payment for lectures including service on speakers bureaus
   - [ ] No
   - [ ] Yes, money paid to you
   - [ ] Yes, money paid to institution
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   - Comments

7. Payment for manuscript preparation
   - [ ] No
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   - [ ] Yes, money paid to institution
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8. Patents (planned, pending or issued)
   - [ ] No
   - [ ] Yes, money paid to you
   - [ ] Yes, money paid to institution
   - Name of entity
   - Comments

9. Royalties
   - [ ] No
   - [ ] Yes, money paid to you
   - [ ] Yes, money paid to institution
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   - Comments

10. Payment for development of educational presentations
    - [ ] No
    - [ ] Yes, money paid to you
    - [ ] Yes, money paid to institution
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    - Comments

11. Stock/stock options
    - [ ] No
    - [ ] Yes, money paid to you
    - [ ] Yes, money paid to institution
    - Name of entity
    - Comments

12. Travel/accommodations/meeting expenses unrelated to activities listed
    - [ ] No
    - [ ] Yes, money paid to you
    - [ ] Yes, money paid to institution
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13. Other (err on the side of full disclosure)
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Section 1. Identifying Information

1. Given Name Daniel  
2. Surname Benson  
3. Are you the corresponding author? No  
4. Effective Date 23-05-20  
5. Manuscript Title: Anterior Talofibular Ligament Repair with Suture Tape Augmentation

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2. Consultancy
   - [ ] No
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   - [ ] Yes, money paid to institution
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   - [ ] No
   - [ ] Yes, money paid to you
   - [ ] Yes, money paid to institution
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   - [ ] No
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   - [ ] No
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Section 1. Identifying Information

1. Given Name William
2. Surname Wilson
3. Are you the corresponding author? No
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Section 1. Identifying Information
1. Given Name Ryan  2. Surname Rigby
3. Are you the corresponding author? No
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name: Gordon
2. Surname: MacKay
3. Are you the corresponding author? No
4. Effective Date: __23-05-2020__
5. Manuscript Title: **Anterior Talofibular Ligament Repair with Suture Tape Augmentation**

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

1. Grant
   - _X_ No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___
   - Comments†___

2. Consulting fee or honorarium
   - _X_ No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___
   - Comments†___

3. Support for travel to meetings for the study or other purposes
   - _X_ No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___
   - Comments†___

4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like
   - _X_ No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___
   - Comments†___

5. Payment for writing or reviewing the manuscript
   - _X_ No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___
   - Comments†___

6. Provision of writing assistance, medicines, equipment, or administrative support
   - _X_ No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___
   - Comments†___

7. Other
Section 3. Relevant financial activities outside the submitted work

1. Board membership

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2. Consultancy

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3. Employment

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4. Expert testimony

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5. Grants/grants pending

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6. Payment for lectures including service on speakers bureaus

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7. Payment for manuscript preparation

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8. Patents (planned, pending or issued)

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9. Royalties

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10. Payment for development of educational presentations

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11. Stock/stock options
   X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

12. Travel/accommodations/meeting expenses unrelated to activities listed**
   _X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

13. Other (err on the side of full disclosure)
   _X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.
Section 4. Other relationships

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?

___ No other relationships/conditions/circumstances that present a potential conflict of interest

___ Yes, the following relationships/conditions/circumstances are present (explain below):


The International Committee of Medical Journal Editors

The ICMJE Disclosure of Potential Conflicts of Interest Form was adopted by Arthroscopy: The Journal of Arthroscopic and Related Surgery along with 17 other leading orthopaedic journals at the 2011 annual meeting of the American Academy of Orthopaedic Surgeons.