

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.

1. Identifying information.

2. The work under consideration for publication.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Porter

3. Date
08-February-2018

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

5. Manuscript Title
An Epidemiological Study of Lisfranc Injuries in Competitive Athletes

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
Methodist Sports Medicine Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Physicians Rehab Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	paid advisory board member
DJO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	paid foot and ankle consultant

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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. Porter reports grants from Methodist Sports Medicine Foundation, during the conduct of the study; other from Physicians Rehab Services, other from DJO , outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Adam

2. Surname (Last Name)

Barnes

3. Date

08-February-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

David A. Porter MD, PhD

5. Manuscript Title

An Epidemiological Study of Lisfranc Injuries in Competitive Athletes

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Adam Barnes, BS has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Angela

2. Surname (Last Name)
Rund

3. Date
08-February-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
David A. Porter MD, PhD

5. Manuscript Title
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Angela Rund, MED, ATC has nothing to disclose.

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Madison

2. Surname (Last Name)
Walrod

3. Date
08-February-2018

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☐ Yes ☒ No

Corresponding Author's Name
David A. Porter, MD, PhD

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