

Instructions

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Section 1.	Identifying Inform	nation		
1. Given Name (Fii Gun-Woo	rst Name)	2. Surname (Last Na Lee	me) 3. Date 06-October-2018	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Keun-Bae, Lee	
5. Manuscript Title Comparison of Intermediate to Long-Term Outcomes of Total Ankle Arthroplasty in Patients Younger and Older than 55 Years				
6. Manuscript Ider	ntifying Number (if you kn	now it)		
Section 2.	The Work Under Co	onsideration for F	Publication	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to gra	s from a third party (government, commercial, private foundation, etc.) for nts, data monitoring board, study design, manuscript preparation, No	
If yes, please fill o		ormation below. If yo	ou have more than one entity press the "ADD" button to add a row.	
Name of Institut		Grant? Personal Fees?	Non-Financial Other? Comments	
Korea Health Industry	/ Development Institute	✓		
Chonnam National U Biomedical Research		✓		
Section 3.	Relevant financial	activities outside	the submitted work.	
of compensation clicking the "Add	the appropriate boxes i) with entities as descri	n the table to indica bed in the instructio port relationships th	te whether you have financial relationships (regardless of amount ons. Use one line for each entity; add as many lines as you need by at were present during the 36 months prior to publication . No	
Section 4.	Intellectual Proper	ty Patents & Co	pyrights	
Do you have any	patents, whether plan	ned, pending or issu	ed, broadly relevant to the work? Yes V	



Section 5.			
	Relationships not covered above		
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):		
✓ No other relationships/conditions/circumstances that present a potential conflict of interest			
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.		
Section 6.			
Section 6.	Disclosure Statement		
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Lee has noth	ing to disclose.		

Evaluation and Feedback

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Seon 1



Section 1.	Identifying Inform	ation						
Given Name (First Name) Jong-Keun		2. Surname (Last Name) Seon			3. Date 06-October	·-2018		
4. Are you the corresponding author?		Yes ✓ No Corresponding Author's Na Keun-Bae, Lee			Name			
Years	e ntermediate to Long-Te ntifying Number (if you kn		es of Total <i>I</i>	Ankle Arthropl	asty in Patier	nts Younger and	d Older than 55	
Section 2.	The Work Under Co	onsideratio	on for Pub	olication				
any aspect of the s statistical analysis, Are there any relatives, If yes, please fill of	stitution at any time recei ubmitted work (including	ve payment of but not limited set? Yest? Yest	or services from	om a third party data monitorin	g board, study	design, manuscr	ript preparation,	
Name of Institut	ion/Company	Grant•	Personal N	lon-Financial Support [?]	Other?	Comments		
Korea Health Industry	/ Development Institute	✓						
Chonnam National U Biomedical Research		✓						
	ı							
Section 3.	Relevant financial	activities o	outside th	e 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 Vo								
Section 4.	Intellectual Proper	ty Paten	ts & Copy	rights				
Do you have any	patents, whether plani	ned, pending	g or issued,	broadly releva	ant to the wo	ork? Yes	✓ No	

Seon 2



Section 5.					
Section 5.	Relationships not covered above				
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?				
Yes, the follow	Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest				
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.					
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	grants from Korea Health Industry Development Institute, grants from Chonnam National University lical Research Institute, during the conduct of the study; .				

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Kim 1



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Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)?	ve payment or services from but not limited to grants, da	a third party (government, comr		
Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	rmation below. If you hav	e more than one entity press	the "ADD" button to add a row.	
Name of Institution/Company	Grant	o-Financial other? Comn	nents	
Korea Health Industry Development Institute Chonnam National University Hospital				
Biomedical Research Institute				
Section 3. Relevant financial a	activities outside the s	ubmitted work.		
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Do you have any patents, whether planr	ned, pending or issued, br	oadly relevant to the work?	Yes 🗸 No	

Kim 2



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Keun-Bae	Lee		06-October-2018
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Manuscript Title Comparison of Intermediate to Long-To	erm Outcomes of Total An	kle Arthroplasty in Pati	ents Younger and Older than 55
Years 6. Manuscript Identifying Number (if you kn	o o.u. i+)		
o. Manuscript identifying Number (ii you ki	low it)		
		_	
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Did you or your institution at any time rece			
any aspect of the submitted work (including statistical analysis, etc.)?		nta monitoring board, stud	dy design, manuscript preparation,
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If yes, please fill out the appropriate infe Excess rows can be removed by pressin	-	e more than one entity	y press the ADD button to add a row.
Name of Institution/Company	Grant? Personal No	n-Financial Other?	Comments
name of institution, company		upport?	Comments
Korea Health Industry Development Institute	✓		
Chonnam National University Hospital Biomedical Research Institute	✓		
omedical research institute		L	
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