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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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

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

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

3. **Date**
   - 25-July-2019

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

   **Corresponding Author’s Name**
   - Midhat Patel

5. **Manuscript Title**
   - Flexible Fixation Technique for Lisfranc Injuries

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]

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- Yes [ ]
- No [x]

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
- Yes [ ]
- No [x]
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Dr. Delman has nothing to disclose.

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<tr>
<td>Midhat</td>
<td>Patel</td>
<td>24-July-2019</td>
</tr>
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4. Are you the corresponding author?  ✔ Yes  ❏ No

5. Manuscript Title
   Internal Brace Fixation for Ligamentous Lisfranc Injuries

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.)?

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Dr. Patel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Mark
2. Surname (Last Name)  Campbell
3. Date  26-July-2019
4. Are you the corresponding author?  Yes ✔ No

5. Manuscript Title
Flexible Fixation Technique for Lisfranc Injuries

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Campbell reports grants and other from Arthrex, Inc., outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Kreulen

3. Date  
   26-July-2019

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
Midhat Patel

5. Manuscript Title  
   Flexible Fixation Technique for Lisfranc Injuries

6. Manuscript Identifying Number (if you know it)

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**Section 1. Identifying Information**

1. Given Name (First Name) 
   Eric

2. Surname (Last Name) 
   Giza

3. Date 
   25-July-2019

4. Are you the corresponding author? 
   Yes ☑ No

Corresponding Author’s Name 
Midhat Patel

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