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Murlasits
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Veronika  
2. Surname (Last Name)  
Murlasits  
3. Date  
06-July-2020  
4. Are you the corresponding author?  
Yes ☑  
No  
5. Manuscript Title  
Clinical outcome after isolated fibular nailing of bi- or trimalleolar ankle fractures  
- retrospective single center short period follow-up  
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
Yes ☐  
No ☑

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Yes ☐  
No ☑

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
Yes ☐  
No ☑
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Dr. Murlasits Veronika has nothing to disclose.

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<table>
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<tr>
<th>1. Given Name (First Name)</th>
<th>Michelle Fog</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Andersen</td>
</tr>
<tr>
<td>3. Date</td>
<td>06-July-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
</tr>
</tbody>
</table>

#### Corresponding Author's Name

Veronika Murlasits

### 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?  ✔ No

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Are there any relevant conflicts of interest?  ✔ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Andersen Michelle Fog has nothing to disclose.

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Bording Hermann
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Andreas E.
2. Surname (Last Name)  
   Bording Hermann
3. Date  
   06-July-2020
4. Are you the corresponding author?  
   [X] Yes  
   [☐] No  
   Corresponding Author’s Name  
   Veronika Muralits

5. Manuscript Title  
   Clinical outcome after isolated fibular nailing of bi- or trimalleolar ankle fractures  
   - retrospective single center short period follow-up
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[☐] Yes  
[X] No

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[☐] Yes  
[X] No

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
[☐] Yes  
[X] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Bording Hermann has nothing to disclose.

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1. Given Name (First Name) Lasse
2. Surname (Last Name) Bayer
3. Date 06-July-2020

4. Are you the corresponding author? ☑ No

5. Manuscript Title
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   - retrospective single center short period follow-up

6. Manuscript Identifying Number (if you know it)

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Dr. Bayer has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
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<th>1. Given Name (First Name)</th>
<th>Jesper</th>
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<tr>
<td>2. Surname (Last Name)</td>
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<tr>
<td>3. Date</td>
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4. Are you the corresponding author?  Yes  No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

| Corresponding Author’s Name | Veronika Murlasits |

## 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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Dr. Sonntag has nothing to disclose.

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