

## ICMJE DISCLOSURE FORM

Date: 2021-6.17

Your Name: Xianxue Xia

Manuscript Title: Meta-analysis: surgical repair for patients with ankle fracture and surrounding tissue injury

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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**Please summarize the above conflict of interest in the following box:**

The author has no conflicts of interest to declare.

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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**Date:** 2021-6.17

**Your Name:** Zhiqiang Yang

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**Date:** 2021-6.17

**Your Name:** Yuan Zhang

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**Your Name:** Wei Zhang

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