Date:	9/6/2023
Your Name	e: Kempland C. Walley
Manuscrip	ot Title: Arthroscopic Management of Pediatric Ankle Fractures: A Systematic Review
Manuscrip	ot 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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	xNone
7	Support for attending meetings and/or travel	x_None
8	Patents planned, issued or pending	x_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone
11	Stock or stock options	_xNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone
13	Other financial or non- financial interests	xNone

None.

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

Date:9/6/2023	
Your Name: Anthony N. Baumann	
Manuscript Title: Arthroscopic Management of Pediatric Ankle Fractures: A Systematic Review	
Manuscript number (if known):	

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		Time frame: past	36 months
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3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	_XNone

None.

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

Date:9/6/2023	
Your Name: Deven P. Curtis	
Manuscript Title: Arthroscopic Management of Pediatric Ankle Fractures: A Systematic Review	
Manuscript number (if known):	

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4			
1	All support for the present	_xNone	
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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_xNoneNoneNone
7	Support for attending meetings and/or travel	xNone
8	Patents planned, issued or pending	x_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone
11	Stock or stock options	xNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone
13	Other financial or non- financial interests	_xNone

None.

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

Date:9/6/2023	
Your Name:Tania Mamoduhi	
Manuscript Title: Arthroscopic Management of Pediatric Ankle Fractures: A Systematic Review	
Manuscript number (if known):	

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		Time frame: past	36 months
2	Grants or contracts from	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	xNone
7	Support for attending meetings and/or travel	x_None
8	Patents planned, issued or pending	xNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None
11	Stock or stock options	_xNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone
13	Other financial or non- financial interests	xNone

None.

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

Date:9/6/2023			
Your Name: Albert T. Anastasio			
Manuscript Title: Arthroscopic Management of Pediatric Ankle Fractures: A Systematic Review			
Manuscript number (if known):	_		

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	None	QPIX Solutions

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	_XNone	

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Date:9/6/2023		
Your Name: Samuel B. Adams		
Manuscript Title: Arthroscopic Management of Pediatric Ankle Fractures: A Systematic Review		
Manuscript number (if known):		

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	None	Conventus, Enovis, in2bones, Restor3d, and Stryker

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	_XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	_XNone

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