

# ICMJE DISCLOSURE FORM

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**Date:** 13. maj 2025

**Your name:** Sara Woldu

**Manuscript title:** Consequences of lacking awareness AIMSS in foot and ankle surgery - a case series

**Manuscript number (if known):** Not known

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
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8	Patents planned, issued or pending	<input type="checkbox"/> <b>X None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>X None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>X None</b>	
11	Stock or stock options	<input type="checkbox"/> <b>X None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>X None</b>	
13	Other financial or non-financial interests	<input type="checkbox"/> <b>X None</b>	

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**Date:** 13. maj 2025

**Your name:** Kenneth Obionu

**Manuscript title:** Consequences of lacking awareness AIMSS in foot and ankle surgery - a case series

**Manuscript number (if known):** Not known

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**Date:** 13. maj 2025

**Your name:** Jonathan Bjerre-Bastos

**Manuscript title:** Consequences of lacking awareness AIMSS in foot and ankle surgery - a case series

**Manuscript number (if known):** Not known

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