ICMJE DISCLOSURE FORM

Date: 9/25/2025

Your Name: Sertac Topalhafizoglu

Manuscript Title: Factors associated with Surgical Site Infection After Ankle Fracture Fixation: A Retrospective Study of 781 Cases

Manuscript Number (if known): Click or tap here to enter text.

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)**
Time frame: Since the initial planning of the work			
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.**	☐ None	
		The study was funded by ALF (Avtal om Läkarutbildning och Forskning) grants from Region Västerbotten.	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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	society, committee or advocacy group, paid or unpaid		
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 2/13/2026

Your Name: Jacob Strålmark

Manuscript Title: Factors associated with Surgical Site Infection After Ankle Fracture Fixation: A Retrospective Study of 781 Cases

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Date: 2/13/2026

Your Name: Rickard Lundqvist

Manuscript Title: Factors associated with Surgical Site Infection After Ankle Fracture Fixation: A Retrospective Study of 781 Cases

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Date: 9/25/2025

Your Name: Johan Wänman

Manuscript Title: Factors associated with Surgical Site Infection After Ankle Fracture Fixation: A Retrospective Study of 781 Cases

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Date: 9/25/2025

Your Name: Grzegorz Pietz

Manuscript Title: Factors associated with Surgical Site Infection After Ankle Fracture Fixation: A Retrospective Study of 781 Cases

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