ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1: Identifying Information

1. Given Name (First Name)  
   Tiago

2. Surname (Last Name)  
   Pina Marques

3. Effective Date (07-August-2008)  
   02-Setembro-2015

4. Are you the corresponding author?  
   [ ] Yes  [X] No

5. Manuscript Title  
   Doença de Trevor do talus - uma condição rara em crianças pediátricas

6. Manuscript Identifying Number (if you know it)

Section 2: The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

<table>
<thead>
<tr>
<th>Type</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Name of Entity</th>
<th>Comments**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Grant</td>
<td>X</td>
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<td>2. Consulting fee or honorarium</td>
<td>X</td>
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<td>3. Support for travel to meetings for the study or other purposes</td>
<td>X</td>
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<td>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</td>
<td>X</td>
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<td>5. Payment for writing or reviewing the manuscript</td>
<td>X</td>
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<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
<td>X</td>
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