ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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3. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Tushar  

2. Surname (Last Name)  
   Agarwal  

3. Date  
   19-August-2015  

4. Are you the corresponding author?  
   ✔ Yes   ☐ No  

5. Manuscript Title  
   Necrotising fasciitis of the thigh and calf: a reminder to exclude perforated intra-abdominal viscus  

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 (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   ☐ Yes   ✔ No  

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   ☐ Yes   ✔ No  

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☐ Yes   ✔ No  

Agarwal
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Dr. Agarwal has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Martin
2. Surname (Last Name) Connor
3. Date 19-August-2015
4. Are you the corresponding author? No
5. Manuscript Title
Necrotising fasciitis of the thigh and calf: a reminder to exclude perforated intra-abdominal viscus
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Connor has nothing to disclose.

Evaluation and Feedback

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Simon</td>
<td>Grange</td>
<td>19-August-2015</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
   Necrotising fasciitis of the thigh and calf: a reminder to exclude perforated intra-abdominal viscus

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Are there any relevant conflicts of interest? [ ] Yes [X] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [X] No

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Grange
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Thomson
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Amelia
2. Surname (Last Name) Thomson
3. Date 19-August-2015

4. Are you the corresponding author? Yes ☑ No

5. Manuscript Title
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