

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.

1. Identifying information.

2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Bernholt	3. Date 10-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John Tis
5. Manuscript Title Spondylodiscitis after Ingestion of Lithium Button Battery		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Tis

3. Date
02-March-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Spondylodiscitis after ingestion of lithium button battery

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Tis has nothing to disclose.

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1. Given Name (First Name) Hamid	2. Surname (Last Name) Hassanzadeh	3. Date 07-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John Tis
5. Manuscript Title Spondylodiscitis after Ingestion of Lithium Button Battery		
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Section 1. Identifying Information

1. Given Name (First Name) Johnathan	2. Surname (Last Name) Bernard	3. Date 16-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John Tis
5. Manuscript Title Spondylodiscitis After Ingestion of Lithium Button Battery		
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