

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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)  
Karen

2. Surname (Last Name)  
de Mesy Bentley

3. Date  
08-June-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Irvin Oh

5. Manuscript Title  
Evidence of Staphylococcus aureus deformation to occupy the submicron canaliculi of osteocytes from a case of chronic osteomyelitis. A Case Report.

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AOTrauma Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH P30 AR069655 and P50AR054041	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest?  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

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Dr. de Mesy Bentley reports grants from AOTrauma Foundation, grants from NIH P30 AR069655 and P50AR054041, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ashlee

2. Surname (Last Name)  
MacDonald

3. Date  
08-June-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Irvin Oh

5. Manuscript Title  
Evidence of Staphylococcus aureus deformation to occupy the submicron canaliculi of osteocytes from a case of chronic osteomyelitis. A Case Report.

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Dr. MacDonald has nothing to disclose.

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1. Given Name (First Name) Irvin      2. Surname (Last Name) Oh      3. Date 08-June-2017

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Evidence of Staphylococcus aureus deformation to occupy the submicron canaliculi of osteocytes from a case of chronic osteomyelitis

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH P30 AR069655	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) \_\_\_\_\_ Edward

2. Surname (Last Name) \_\_\_\_\_ Schwarz

3. Date \_\_\_\_\_ 08-June-2017

4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_ Irvin Oh

5. Manuscript Title  
Evidence of Staphylococcus aureus deformation to occupy the submicron canaliculi of osteocytes from a case of chronic osteomyelitis. A Case Report.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthritis Research & Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Section Editor
DePuy-Synthes, J&J	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Amedica Corp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lilly Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Telephus Medical LLC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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