ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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<tr>
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</thead>
<tbody>
<tr>
<td>Eric</td>
<td>Levicoff</td>
<td>23-March-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? ☑ No

5. Manuscript Title
   Bacterial Arthritis of the Hip Due to Lemierre Syndrome

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? ☑ No

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Dr. Levicoff has nothing to disclose.

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<td>John</td>
<td>Mangan</td>
<td>23-March-2018</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

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Dr. Mangan has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Freedman

3. Date  
   23-March-2018

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author's Name  
   John Mangan

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1. Given Name (First Name) Timothy
2. Surname (Last Name) Tan
3. Date 23-March-2018
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name
   John Mangan

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