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

1. Given Name (First Name) 
   María Teresa

2. Surname (Last Name) 
   Tórtoła

3. Date 
   22-March-2018

4. Are you the corresponding author? 
   Yes  ✔  No

   Corresponding Author’s Name 
   Matias Vicente

5. Manuscript Title 
   First report of a septic non-union caused by Mycobacterium canariasense. Case report

6. Manuscript Identifying Number (if you know it) 
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Dr. Tórtola has nothing to disclose.

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<tr>
<td>Carlos</td>
<td>Gulin</td>
<td>22-March-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   Yes  
   No  

Corresponding Author’s Name  
Matias Vicente

5. Manuscript Title  
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No

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No
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Dr. Gulin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Mayli

2. Surname (Last Name)  
   Lung

3. Date  
   22-March-2018

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Matias Vicente

5. Manuscript Title  
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Dr. Lung has nothing to disclose.

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Pablo S.

2. Surname (Last Name)  
Corona

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22-March-2018

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Yes ☑ No

Corresponding Author’s Name  
Matias Vicente

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<tr>
<td>Matias</td>
<td>Vicente</td>
<td>17-January-2018</td>
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4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No

5. Manuscript Title
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