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)**
   - Janne
2. **Surname (Last Name)**
   - Koch
3. **Date**
   - 29-May-2015
4. **Are you the corresponding author?**
   - Yes ☑
5. **Manuscript Title**
   - Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model

## Section 2. The Work Under Consideration for Publication

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Janne Koch has nothing to disclose.

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Fuursted
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Kurt

2. Surname (Last Name)  
Fuursted

3. Date  
14-July-2015

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Mikkel Tøttrup

5. Manuscript Title  
Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model

6. Manuscript Identifying Number (if you know it)

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Dr. Fuursted has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Kjeld

2. Surname (Last Name)  
Søballe

3. Date  
27-May-2015

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Mikkel Tøttrup

5. Manuscript Title  
Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model

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Dr. Søballe has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Pelle

2. Surname (Last Name)  
   Hanberg

3. Date  
   28-May-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model

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Dr. Hanberg has nothing to disclose.

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<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>Bent</td>
<td>Aalbæk</td>
<td>27-May-2015</td>
</tr>
</tbody>
</table>

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

- Corresponding Author’s Name  
  - Mikkel Tøttrup

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Dr. Aalbæk has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Henrik</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Elvang Jensen</td>
</tr>
<tr>
<td>3. Date</td>
<td>31-May-2015</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Mikkel Tøttrup</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model</td>
</tr>
<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
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Are there any relevant conflicts of interest? ☑ Yes ☑ No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Professor Jensen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Louise

2. Surname (Last Name)  
Kruse Jensen

3. Date  
18-May-2015

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Mikkel Tøttrup

5. Manuscript Title  
Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model

6. Manuscript Identifying Number (if you know it)

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Dr. Kruse Jensen has nothing to disclose.

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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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## Section 1. Identifying Information

1. Given Name (First Name)  
   Mats

2. Surname (Last Name)  
   Bue

3. Date  
   27-May-2015

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Mikkel Tøttrup

5. Manuscript Title  
   Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 1. Identifying Information

1. Given Name (First Name)  Mikkel
2. Surname (Last Name) Tøttrup
3. Date 15-May-2015
4. Are you the corresponding author?  ❑ Yes  ❑ No

5. Manuscript Title
Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model

6. Manuscript Identifying Number (if you know it)

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<td>Elisabeth og Karl Ejnar Nis-Hanssens Memorial Trust</td>
<td>❑</td>
<td></td>
<td></td>
<td></td>
<td>The study was supported by a grant from Elisabeth og Karl Ejnar Nis-Hanssens Memorial Trust (Applicant: Mikkel Tøttrup). This is a private foundation, and there are no conflicts of interest.</td>
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Dr. Tøttrup reports grants from Elisabeth og Karl Ejnars Hansens Memorial Trust, from null, from null, during the conduct of the study.

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