

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

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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.

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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)

Tushar

2. Surname (Last Name)

Agarwal

3. Date

19-August-2015

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Necrotising fasciitis of the thigh and calf: a reminder to exclude perforated intra-abdominal viscus

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?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  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.

Dr. Agarwal has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Martin	2. Surname (Last Name) Connor	3. Date 19-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tushar Agarwal
5. Manuscript Title Necrotising fasciitis of the thigh and calf: a reminder to exclude perforated intra-abdominal viscus		
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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Connor has nothing to disclose.

### Evaluation and Feedback

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1. Given Name (First Name) Simon	2. Surname (Last Name) Grange	3. Date 19-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Necrotising fasciitis of the thigh and calf: a reminder to exclude perforated intra-abdominal viscus		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Grange has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Amelia	2. Surname (Last Name) Thomson	3. Date 19-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Necrotising fasciitis of the thigh and calf: a reminder to exclude perforated intra-abdominal viscus		
6. Manuscript Identifying Number (if you know it) _____		

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