

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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2. The work under consideration for publication.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Wang

3. Date
11-March-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michael Vosbikian

5. Manuscript Title
Treatment of a chronic multi-drug resistant cutaneous Mycobacterium chelonae infection of the hand with wide debridement and skin grafting

6. Manuscript Identifying Number (if you know it)

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

Dr. Wang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Vosbikian

3. Date
11-March-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Treatment of a chronic multi-drug resistant cutaneous Mycobacterium chelonae infection of the hand with wide debridement and skin grafting

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Vosbikian has nothing to disclose.

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1. Given Name (First Name)
Pedro

2. Surname (Last Name)
Beredjiklian

3. Date
11-March-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Michael Vosbikian

5. Manuscript Title
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Expert testimony	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Malpractice/Work Compensation
Stocks or stock options	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tornier, Inc.

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Dr. Beredjiklian reports personal fees from Expert testimony, personal fees from Stocks or stock options, outside the submitted work; .

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Jack

2. Surname (Last Name)

Abboudi

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