

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Shuyue	2. Surname (Last Name) Ren	3. Date 18-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tae Won B. Kim, MD
5. Manuscript Title Sacral Candida Albicans Osteomyelitis Causing Necrosis of a Sacral Nerve Root		
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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Are there any relevant conflicts of interest? Yes No

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Dr. Ren 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) Raquel	2. Surname (Last Name) Nahra	3. Date 07-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tae Won B. Kim
5. Manuscript Title Candida Albicans osteomyelitis causing necrosis of a sacral nerve root		
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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Nahra 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) Chris	2. Surname (Last Name) Hoedt	3. Date 10-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tae Won B. Kim
5. Manuscript Title Sacral Candida Albicans Osteomyelitis Causing Necrosis of a Sacral Nerve Root		
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Section 1. Identifying Information

1. Given Name (First Name) Shirish	2. Surname (Last Name) Jagga	3. Date 09-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tae Won Kim
5. Manuscript Title Sacral Candida Albicans Osteomyelitis Causing Necrosis of a Sacral Nerve Root		
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Section 1. Identifying Information

1. Given Name (First Name)

Tae Won

2. Surname (Last Name)

Kim

3. Date

04-October-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Sacral Candida Albicans Osteomyelitis Causing Necrosis of a Sacral Nerve Root

6. Manuscript Identifying Number (if you know it)

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