

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Taylor

2. Surname (Last Name)
Paziuk

3. Date
15-December-2019

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Periprosthetic Joint Infection with *Listeria monocytogenes*: A Case Report

6. Manuscript Identifying Number (if you know it)
CC-D-19-00489

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|--|-------------------------------|--|
| 1. Given Name (First Name) Timothy | 2. Surname (Last Name) Tan | 3. Date 15-December-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Taylor Paziuk |
| 5. Manuscript Title Periprosthetic Joint Infection with <i>Listeria monocytogenes</i> : A Case Report | | |
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Eric

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Levicoff

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☒ No

Corresponding Author's Name

Taylor Paziuk

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