ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Paziuk
ICMJE Form for Disclosure of Potential Conflicts of Interest

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)  
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1. Given Name (First Name)  
   Timothy
2. Surname (Last Name)  
   Tan
3. Date  
   15-December-2019
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   Robert

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   Good

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   Eric

2. Surname (Last Name)  
   Levicoff

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