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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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)  
Archana

2. Surname (Last Name)  
Dhar

3. Date  
27-September-2019

4. Are you the corresponding author?  
[ ] Yes  [x] No

Corresponding Author’s Name  
Dr. Lawson Copley

5. Manuscript Title  
Team Approach: Pediatric Musculoskeletal Infections

6. Manuscript Identifying Number (if you know it)  
REVIEWS-D-19-00121

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Dr. Dhar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Alan

2. Surname (Last Name)  
   Farrow-Gillespie

3. Date  
   27-September-2019

4. Are you the corresponding author?  
   [ ] Yes  [x] No

   Corresponding Author’s Name  
   Lawson Copley, M.D., M.B.A.

5. Manuscript Title  
   Team Approach: Pediatric Musculoskeletal Infections

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-19-00121

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Dr. Farrow-Gillespie has nothing to disclose.

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   Ayesha

2. Surname (Last Name)  
   Zia

3. Date  
   27-September-2019

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   Dr. Lawson Copley

5. Manuscript Title  
   Team Approach: Pediatric Musculoskeletal Infections

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-19-00121

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**Section 1.** Identifying Information

1. Given Name (First Name)  
   Craig

2. Surname (Last Name)  
   Huang

3. Date  
   01-October-2019

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

Corresponding Author’s Name  
Lawson Copley, MD, MBA

5. Manuscript Title  
   Team Approach: Pediatric Musculoskeletal Infections

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-19-00121

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
<th>4. Are you the corresponding author?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karisma</td>
<td>Patel</td>
<td>03-October-2019</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Corresponding Author’s Name: 
Dr. Lawson Copley

5. Manuscript Title: Team Approach: Pediatric Musculoskeletal Infections

6. Manuscript Identifying Number (if you know it): REVIEWS-D-19-00121

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Dr. Patel has nothing to disclose.

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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) Lawson
2. Surname (Last Name) Copley
3. Date 30-September-2019
4. Are you the corresponding author? ✔ Yes 
5. Manuscript Title Team Approach: Pediatric Musculoskeletal Infections
6. Manuscript Identifying Number (if you know it) REVIEWS-D-19-00121

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? ✔ No

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Dr. Copley has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | Matthew |
| 2. Surname (Last Name) | Hammer |
| 3. Date | 02-October-2019 |
| 4. Are you the corresponding author? | Yes ✔ No |

**Corresponding Author’s Name**

Lawson Copley

| 5. Manuscript Title |
| Team Approach: Pediatric Musculoskeletal Infections |

| 6. Manuscript Identifying Number (if you know it) |
| REVIEWS-D-19-00121 |

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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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ✔ Yes ✔ No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Paul
2. Surname (Last Name)  Sue
3. Date  01-October-2019
4. Are you the corresponding author?  ☑ Yes  ❌ No
   Corresponding Author’s Name  Lawson Copley
5. Manuscript Title  Team Approach: Pediatric Musculoskeletal Infections
6. Manuscript Identifying Number (if you know it)  REVIEWS-D-19-00121

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Are there any relevant conflicts of interest?  ❌ Yes  ☑ No

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clinical training travel reimbursement funds from Merck & Co. related to an antiviral therapeutic trial as well as materials support for clinical trial activity related to antifungal therapeutics from Astellas Pharma

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Dr. Sue reports and clinical training travel reimbursement funds from Merck & Co. related to an antiviral therapeutic trial as well as materials support for clinical trial activity related to antifungal therapeutics from Astellas Pharma.

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Section 1. Identifying Information

1. Given Name (First Name)  Vineeta
2. Surname (Last Name)  Mittal
3. Date  01-October-2019
4. Are you the corresponding author?  ☑ No
Corresponding Author’s Name  Lawson Copley, MD
5. Manuscript Title  Team Approach: Pediatric Musculoskeletal Infections
6. Manuscript Identifying Number (if you know it)  REVIEWS-D-19-00121

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