ICMJE DISCLOSURE FORM

Date:	11Dec2(023		
Your N	ame:	Jonathan Mayew		
Manus	cript Title:	Recurrent Serratia marcescens osteomyelitis eight years after a contaminated oper	<u>n fracture: a</u>	
case report and review of the literature				
Manus	cript numb	per (if known): TP-23-492		

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Pediatric Infectious Diseases Society Fellowship Award funded by Stanley and Susan Plotkin and Sanofi	Salary support during fellowship training
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Indiana University Immunology and Infectious Disease Training	Salary support during fellowship training

		Program T32 (NIH Al060519)	
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

Please summarize the above conflict of interest in the following box:

The author received funding from the Indiana University Immunology and Infectious Disease Training Program T32 (NIHAI060519) and the Pediatric Infectious Diseases Society Fellowship Award funded by Stanley and Susan Plotkin and Sanofi, which supported his salary during fellowship training.

Please place an "X" next to the following statement to indicate your agreement: __X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date:	11Dec2	23	
Your N	ame:	John Christenson	
Manus	cript Title:	Recurrent Serratia marcescens osteomyelitis eight years after a contaminated open fractu	ire: a
<u>case re</u>	port and re	view of the literature	
Manus	cript numb	er (if known): TP-23-492	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Please summarize the above conflict of interest in the following box:

None.

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ICMJE DISCLOSURE FORM

Date:	11Dec2	23		
Your Na	ame:	/luayad Alali		
Manus	cript Title:	Recurrent Serratia marcescens osteomyelitis eight years after a contaminated open fracture: a		
case report and review of the literature				
Manus	cript numb	er (if known): TP-23-492		

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	lectures, presentations,		
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	manuscript writing or educational events		
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	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
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	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
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