

## ICMJE DISCLOSURE FORM

Date: Aug.1<sup>st</sup>,2021

Your Name: Lijuan Luo

Manuscript Title: Polymicrobial anaerobic bacterial meningitis secondary to dermal sinus: a case report

Manuscript number (if known): TP-21-210

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.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

NONE

Please place an "X" next to the following statement to indicate your agreement:

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: Aug.1<sup>st</sup>,2021

Your Name: Cuijin Wang

Manuscript Title: Polymicrobial anaerobic bacterial meningitis secondary to dermal sinus: a case report

Manuscript number (if known): TP-21-210

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Date: Aug.1<sup>st</sup>,2021

Your Name: Nan Shen

Manuscript Title: Polymicrobial anaerobic bacterial meningitis secondary to dermal sinus: a case report

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Date: Aug.1<sup>st</sup>,2021

Your Name: RuiKe Zhao

Manuscript Title: Polymicrobial anaerobic bacterial meningitis secondary to dermal sinus: a case report

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Date: Aug.1<sup>st</sup>,2021

Your Name: Yue Tao

Manuscript Title: Polymicrobial anaerobic bacterial meningitis secondary to dermal sinus: a case report

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