

ICMJE DISCLOSURE FORM

Date: **8th March,2021**

Your Name: **Ling Jin**

Manuscript Title: **Necrotizing fasciitis of the jaw, neck and mediastinum caused by Klebsiella oxytoca and Streptococcus constellatus : a case report**

Manuscript number (if known):**1408**

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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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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The author has no conflicts of interest to declare.

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Date: **8th March,2021**

Your Name: **Kai Fan**

Manuscript Title: **Necrotizing fasciitis of the jaw, neck and mediastinum caused by Klebsiella oxytoca and Streptococcus constellatus : a case report**

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Date: 8th March,2021

Your Name: Shuangxi Liu

Manuscript Title: Necrotizing fasciitis of the jaw, neck and mediastinum caused by Klebsiella oxytoca and Streptococcus constellatus : a case report

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Date: **8th March,2021**

Your Name: **Shaoqing Yu**

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