

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Elizabeth	2. Surname (Last Name) Stoeckl	3. Date 03-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristin L. Long
5. Manuscript Title Necrotizing soft tissue infection of the breast: bilateral presentation in a male patient		
6. Manuscript Identifying Number (if you know it) ABS-19-50		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Stoeckl has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Priya	2. Surname (Last Name) Dedhia	3. Date 03-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristin L. Long
5. Manuscript Title Necrotizing soft tissue infection of the breast: bilateral presentation in a male patient		
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1. Given Name (First Name) Lee	2. Surname (Last Name) Wilke	3. Date 03-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristin L. Long
5. Manuscript Title Necrotizing soft tissue infection of the breast: bilateral presentation in a male patient		
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1. Given Name (First Name)
Kristin

2. Surname (Last Name)
Long

3. Date
03-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
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