

## ICMJE DISCLOSURE FORM

Date: 21/01/2022

Your Name: Christopher Brooks

Manuscript Title: Thoracic spondylodiscitis secondary to *Klebsiella oxytoca* urosepsis – a case report

Manuscript number (if known): JSS-21-124

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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

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		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Nil	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Nil	
3	Royalties or licenses	Nil	
4	Consulting fees	Nil	
5	Payment or honoraria for	Nil	

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

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

Nil.

**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: 21/01/2022

Your Name: Sameer Mahajan

Manuscript Title: Thoracic spondylodiscitis secondary to *Klebsiella oxytoca* urosepsis – a case report

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Your Name: Rohan Beresford

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Your Name: Omprakash Damodaran

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7	Support for attending meetings and/or travel	Nil	
8	Patents planned, issued or pending	Nil	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Nil	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Membership of editorial team at Journal of Spine Surgery	Nothing else to declare
11	Stock or stock options	Nil	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Nil	
13	Other financial or non-financial interests	Nil	

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

<p>I am a member of the editorial team of the Journal of Spine Surgery</p>
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**X I certify that I have answered every question and have not altered the wording of any of the questions on this form.**