

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1. Identifying Info	rmation	
 Given Name (First Name) Peter Are you the corresponding author? 	2. Surname (Last Name) Floros ✓ Yes No	3. Date 17-October-2018
5. Manuscript Title A rare case of toxigenic diphtheria to causing sepsis and death	onsillitis resistant to penicillin	

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?	Yes
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	



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Dr. Floros has nothing to disclose.

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1. Given Name (Fir Dakshika A.	st Name)	2. Surname (Last Name) Gunaratne	3. Date 17-October-2018
4. Are you the corr	responding author?	Yes 🖌 No	Corresponding Author's Name Peter Floros
5. Manuscript Title A rare case of tox causing sepsis ar	igenic diphtheria tons	illitis resistant to penicillir	
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	1 1			



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