

## ICMJE DISCLOSURE FORM

**Date:** 4/23/2023

**Your Name:** Raymond Kao

**Manuscript Title:** Alcohol-based hand sanitizer's effect on hand barrier function induced Staphylococcus Lugdunensis aortic and mitral valve endocarditis- A Case Report

**Manuscript Number (if known):** AMJ-23-35

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 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	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)						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:** 4/23/2023

**Your Name:** Narjis Alsaif

**Manuscript Title:** Alcohol-based hand sanitizer's effect on hand barrier function induced Staphylococcus Lugdunensis aortic and mitral valve endocarditis- A Case Report

**Manuscript Number (if known):** AMJ-23-35

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## ICMJE DISCLOSURE FORM

**Date:** 4/23/2023

**Your Name:** Andrew Thain

**Manuscript Title:** Alcohol-based hand sanitizer's effect on hand barrier function induced Staphylococcus Lugdunensis aortic and mitral valve endocarditis- A Case Report

**Manuscript Number (if known):** AMJ-23-35

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**Your Name:** Victoria Kao

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**Date:** 4/23/2023

**Your Name:** Brittany Misener

**Manuscript Title:** Alcohol-based hand sanitizer's effect on hand barrier function induced Staphylococcus Lugdunensis aortic and mitral valve endocarditis- A Case Report

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<b>1</b>	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>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							Click the tab key to add additional rows.
<b>Time frame: past 36 months</b>									
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 4/23/2023

**Your Name:** Michael Chu

**Manuscript Title:** Alcohol-based hand sanitizer's effect on hand barrier function induced Staphylococcus Lugdunensis aortic and mitral valve endocarditis- A Case Report

**Manuscript Number (if known):** AMJ-23-35

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 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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