

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)
Janne

2. Surname (Last Name)
Koch

3. Date
29-May-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model

6. Manuscript Identifying Number (if you know it)

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Janne Koch has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kurt

2. Surname (Last Name)

Fuursted

3. Date

14-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Mikkel Tøttrup

5. Manuscript Title

Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Kjeld

2. Surname (Last Name)
Søballe

3. Date
27-May-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Mikkel Tøttrup

5. Manuscript Title
Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model

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Section 1. Identifying Information

1. Given Name (First Name)
Pelle

2. Surname (Last Name)
Hanberg

3. Date
28-May-2015

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model

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Bent

2. Surname (Last Name)
Aalbæk

3. Date
27-May-2015

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☐ Yes

☒ No

Corresponding Author's Name
Mikkel Tøttrup

5. Manuscript Title
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Dr. Aalbæk has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Henrik

2. Surname (Last Name)

Elvang Jensen

3. Date

31-May-2015

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Mikkel Tøttrup

5. Manuscript Title

Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model

6. Manuscript Identifying Number (if you know it)

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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Are there any relevant conflicts of interest?

☐

Yes

☒

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐

Yes

☒

No

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Professor Jensen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Louise

2. Surname (Last Name)
Kruse Jensen

3. Date
18-May-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Mikkel Tøttrup

5. Manuscript Title
Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Kruse Jensen has nothing to disclose.

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1. Given Name (First Name)

Mats

2. Surname (Last Name)

Bue

3. Date

27-May-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Mikkel Tøttrup

5. Manuscript Title

Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Mikkel

2. Surname (Last Name)

Tøttrup

3. Date

15-May-2015

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Effects of Implant-associated Osteomyelitis on Cefuroxime Bone Pharmacokinetics – Assessment in a Porcine Model

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Elisabeth og Karl Ejnar Nis-Hanssens Memorial Trust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The study was supported by a grant from Elisabeth og Karl Ejnar Nis-Hanssens Memorial Trust (Applicant: Mikkel Tøttrup). This is a private foundation, and there are no conflicts of interest.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Tøttrup reports grants from Elisabeth og Karl Ejnar Nis-Hanssens Memorial Trust, from null, from null, during the conduct of the study; .

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