

Instructions

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Section 1. Identifying Info	rmation	
1. Given Name (First Name) Archana	2. Surname (Last Name) Dhar	3. Date 27-September-201
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Dr. Lawson Copley
5. Manuscript Title Team Approach: Pediatric Musculosk	eletal Infections	

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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	\checkmark	No	
	1 2				



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Dr. Dhar has nothing to disclose.

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Section 1. Ide	entifying Inform	nation	
1. Given Name (First Na Alan	ime)	2. Surname (Last Name) Farrow-Gillespie	3. Date 27-September-20
4. Are you the correspo	onding author?	Yes 🖌 No	Corresponding Author's Name Lawson Copley, M.D., M.B.A.
5. Manuscript Title Team Approach: Ped	iatric Musculoskel	etal Infections	
 Manuscript Inte Team Approach: Ped Manuscript Identifyin REVIEWS-D-19-00121 	ng Number (if you k		

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Are there any relevant conflicts of interest?	Yes
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Identifyin	g Information	
. Given Name (First Name) Ayesha	2. Surname (Last Name) Zia	3. Date 27-September-2019
Are you the corresponding au	thor? Yes 🖌 No	Corresponding Author's Name Dr. Lawson Copley
Manuscript Title eam Approach: Pediatric Mu	sculoskeletal Infections	

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Are there any relevant conflicts of interest?	Y	es
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Are there any relevant conflicts of interest?		Yes	\checkmark
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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Craig	2. Surname (Last Name) Huang	3. Date 01-October-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Lawson Copley, MD, MBA
5. Manuscript Title Team Approach: Pediatric Musculosk	eletal Infections	

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1. Given Name (First Name) Karisma	2. Surname (Last Name) Patel	3. Date 03-October-201
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Dr.Lawson Copley
5. Manuscript Title Team Approach: Pediatric Musculo	keletal Infections	

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Section 1.	Identifying Inform	nation	
1. Given Name (Fi Lawson	rst Name)	2. Surname (Last Name) Copley	3. Date 30-September-2019
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Team Approach:	e Pediatric Musculoskel	etal Infections	
6. Manuscript Ider	ntifying Number (if you k	now it)	

REVIEWS-D-19-00121

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Section 1.	Identifying Info	rmation	
1. Given Name (Fi Matthew	rst Name)	2. Surname (Last Name) Hammer	3. Date 02-October-2019
4. Are you the co	responding author?	Yes 🖌 No	Corresponding Author's Name Lawson Copley
5. Manuscript Titl Team Approach	e : Pediatric Musculosk	eletal Infections	
6. Manuscript Ide REVIEWS-D-19-0	ntifying Number (if you 0121	know it)	

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🖌 No

Are there any relevant conflicts of interest?		Yes
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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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Section 1. Identifying Inf	ormation	
1. Given Name (First Name) Paul	2. Surname (Last Name) Sue	3. Date 01-October-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Lawson Copley
5. Manuscript Title Team Approach: Pediatric Musculo	skeletal Infections	

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🖌 No

Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	V No	С
	1 1			



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clinical training travel reimbursement funds from Merck & Co. related to an antiviral therapeutic trial as well as materials support for clinical trial activity related to antifungal therapeutics from Astellas Pharma

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Dr. Sue reports and clinical training travel reimbursement funds from Merck & Co. related to an antiviral therapeutic trial as well as materials support for clinical trial activity related to antifungal therapeutics from Astellas Pharma.

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Section 1. Identifying Info	prmation	
1. Given Name (First Name) Vineeta	2. Surname (Last Name) Mittal	3. Date 01-October-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Lawson Copley, MD
5. Manuscript Title Team Approach: Pediatric Musculos	keletal Infections	

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Are there any relevant conflicts of interest?	Yes
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Are there any relevant conflicts of interest? \Box Yes \checkmark No

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