## ICMJE DISCLOSURE FORM

Date: 7/26/21
Your Name: Joseph Mayor
Manuscript Title: Chronic Salmonella Osteomyelitis in a Healthy, Immunocompetent Adult Male: A Case Report
Manuscript number (if known): CC-D-21-00356

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.

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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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| 7 | Support for attending meetings and/or travel | ✓ None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ✓ None | |
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**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.**