

ICMJE DISCLOSURE FORM

Date: 1/09/22
Your Name: Ryan Wernitz
Manuscript Title: Necrotizing Fasciitis of The Hand Following a Prolonged Endodontic Procedure: A Case Report
Manuscript number (if known): CC-D-21-00698

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.

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