**ICMJE DISCLOSURE FORM**

**Date:\_\_\_\_19 May 2022\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Name:\_\_\_\_Kenneth Taylor, MD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manuscript Title:** A Case Report of a Novel Atypical Mycobacterial Infection: Mycobacterium Chimaera Hand Tenosynovitis

**Manuscript number (if known): CC-D-22-00292**

**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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**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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|  |  | **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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| 8 | Patents planned, issued or pending | \_\_X\_\_None |  |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board  | \_X\_\_\_None |  |
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| 13 | Other financial or non-financial interests  | \_\_X\_\_None |  |
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**Name: Meredith Schade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Your Name:\_\_\_\_Caroline McLaughlin, MD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Your Name:\_\_\_\_\_Eric Cochran\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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