



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marie-Catherine 2. Surname (Last Name) RECEVEUR 3. Date 6/11/2017

4. Are you the corresponding author? Yes No

5. Manuscript Title Systemic infection by *Dirofilaria repens*, South Western France, 2016

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

Section 3. Relevant financial activities outside the submitted work.

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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



ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

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Section 5. Relationships not covered above

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Romain

2. Surname (Last Name)
Blaizot

3. Date
11-July-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Systemic infection by *Dirofilaria repens* in South-Western France: a Case Report

6. Manuscript Identifying Number (if you know it)
L17-0426

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Dr. Blaizot 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)
Denis

2. Surname (Last Name)
MALVY

3. Date

4. Are you the corresponding author? Yes No

5. Manuscript Title
"Systemic infection by *Dirofilaria repens* in South-Western France : a Case Report"

6. Manuscript Identifying Number (if you know it)
L17-0426

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Dr. MALVY has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Pascal	2. Surname (Last Name) MILLET	3. Date 22-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Romain Blaizot
5. Manuscript Title Systemic infection by <i>Dirofilaria repens</i> in South-Western France : a Case Report		
6. Manuscript Identifying Number (if you know it) L17-0426		

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1. Given Name (First Name) Domenico	2. Surname (Last Name) Otranto	3. Date 25-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Romain Blaizot
5. Manuscript Title Systemic infection by <i>Dirofilaria repens</i> in South-Western France : a Case Report		
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