

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Stephen

2. Surname (Last Name)
Maslak

3. Date
30-July-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Panophthalmitis from Candida Auris

6. Manuscript Identifying Number (if you know it)
L19-0323

Section 2. The Work Under Consideration for Publication

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Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Ballenberger

3. Date
26-June-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Panophthalmitis from Candida auris

6. Manuscript Identifying Number (if you know it)
L19-0323

Section 2. The Work Under Consideration for Publication

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Dr. Ballenberger has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Adam	2. Surname (Last Name) Prince	3. Date 26-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew Ballenberger
5. Manuscript Title Panophthalmitis from Candida auris		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name)
Vinayak

2. Surname (Last Name)
Shenoy

3. Date
08-July-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Panophthalmitis from Candida auris

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