

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 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.

#### 5. Relationships not covered above.

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#### Definitions.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Li	2. Surname (Last Name) Xiao	3. Date 05-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Robert M. Centor
5. Manuscript Title The clinical presentation of Fusobacterium positive pharyngitis and streptococcal positive pharyngitis in a University Health Clinic		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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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

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Dr. Xiao 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)  
Jeremy

2. Surname (Last Name)  
Hatchett

3. Date  
05-November-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

The clinical presentation of Fusobacterium positive pharyngitis and streptococcal positive pharyngitis in a University Health Clinic

6. Manuscript Identifying Number (if you know it)

M14-1305

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Dr. Hatchett 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) Lisa	2. Surname (Last Name) Oestreich	3. Date 12-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Centor
5. Manuscript Title The clinical presentation of Fusobacterium positive pharyngitis and streptococcal positive pharyngitis in a University Health Clinic"		
6. Manuscript Identifying Number (if you know it) M14-1305		

### Section 2. The Work Under Consideration for Publication

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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Oestreich 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)

Thomas

2. Surname (Last Name)

Atkinson

3. Date

16-December-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Robert Centor

5. Manuscript Title

The Clinical Presentation of Fusobacterium-Positive Pharyngitis and Streptococcal-Positive Pharyngitis in a University Health Clinic

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Atkinson 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)  
Michael

2. Surname (Last Name)  
Faircloth

3. Date  
16-December-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
The clinical presentation of Fusobacterium positive pharyngitis and Streptococcal positive pharyngitis in a University Health Clinic

6. Manuscript Identifying Number (if you know it)

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Dr. Faircloth has nothing to disclose.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Donna M.

2. Surname (Last Name)  
Crabb

3. Date  
05-November-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
The Clinical Presentation of Fusobacterium positive pharyngitis and Streptococcal positive pharyngitis in a University Health Clinic

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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 Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mrs. Crabb has nothing to disclose.

### Evaluation and Feedback

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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)  
Amy

2. Surname (Last Name)  
Ratliff

3. Date  
05-November-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

The clinical presentation of Fusobacterium positive pharyngitis and streptococcal positive pharyngitis in a University Health Clinic

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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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 Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Ms. Ratliff has nothing to disclose.

### 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)  
Robert

2. Surname (Last Name)  
Centor

3. Date  
05-November-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

The clinical presentation of Fusobacterium positive pharyngitis and streptococcal positive pharyngitis in a University Health Clinic

6. Manuscript Identifying Number (if you know it)

M14-1305

### 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

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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 Form for Disclosure of Potential Conflicts of Interest

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Dr. Centor has nothing to disclose.

### 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) Carlos	2. Surname (Last Name) Estrada	3. Date 05-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Robert Centor
5. Manuscript Title Clinical presentation of Fusobacterium positive pharyngitis and streptococcal positive pharyngitis in a Univ Health Clinic		
6. Manuscript Identifying Number (if you know it) M14-1305		

### 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 Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Estrada has nothing to disclose.

### 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) Ken	2. Surname (Last Name) Waites	3. Date 05-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Robert Centor
5. Manuscript Title Clinical presentation of Fusobacterium positive pharyngitis and streptococcal positive pharyngitis in a Univ Health Clinic		
6. Manuscript Identifying Number (if you know it) M14-1305		

### Section 2. The Work Under Consideration for Publication

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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 Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Dr. Waites 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)  
Walid

2. Surname (Last Name)  
Khalife

3. Date  
06-December-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

The clinical presentation of Fusobacterium positive pharyngitis and streptococcal positive pharyngitis in a University Health Clinic

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

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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 Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

### Evaluation and Feedback

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