ICMJE DISCLOSURE FORM

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Your Name:__Elham Khatamzas_____
Manuscript Title: Infektiopedia_____
Manuscript number (if known):_____

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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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