ICMJE DISCLOSURE FORM

10-oct-2021

Date:_____

Your Name:_Dalhoff Klaus_____

Manuscript Title:__infectopedia - CAP_____

Manuscript number (if known):_____

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.

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains 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.

		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)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	_X___ None	

	processing charges, etc.) **No time limit for this item.**		
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X____ None	
3	Royalties or licenses	X____ None	
4	Consulting fees	_X___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X____ None	
6	Payment for expert testimony	_X___ None	
7	Support for attending meetings and/or travel	X____ None	
8	Patents planned, issued or pending	X____ None	

9	Participation on a Data Safety Monitoring Board or Advisory Board	____ XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X____ None	
11	Stock or stock options	X____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X____ None	
13	Other financial or non-financial interests	X____ None	

Please place an "X" next to the following statement to indicate your agreement:

X___ I certify that I have answered every question and have not altered the wording of any of the questions on this form.