

ICMJE DISCLOSURE FORM

Date: 15.06.2021_____

Your Name: Dr. med. Michael Schmid_____

Manuscript Title: ambulant erworbene Pneumonie (CAP), Fieber unklarer Genese (FUO)_____

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.

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