ICMJE DISCLOSURE FORM

Date: Aug. 1st, 2021
Your Name: Lijuan Luo
Manuscript Title: Polymicrobial anaerobic bacterial meningitis secondary to dermal sinus: a case report
Manuscript number (if known): TP-21-210

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.

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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.

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | _X_ None |
| 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 |
|   | Conflict of Interest                                                                 |   |
|---|--------------------------------------------------------------------------------------|---|
| 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                    | _X_ None |
| 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 summarize the above conflict of interest in the following box:

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.
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Date: Aug. 1st, 2021
Your Name: Cuijin Wang
Manuscript Title: Polymicrobial anaerobic bacterial meningitis secondary to dermal sinus: a case report
Manuscript number (if known): TP-21-210

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|   | **No time limit for this item.**                                                               |                                                                                   |

**Time frame: Since the initial planning of the work**

|   | 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) |
|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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                                                                      |

**Time frame: past 36 months**
|   | Description                                                                 | X |  
|---|-----------------------------------------------------------------------------|---|  
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ |  
| 6 | Payment for expert testimony                                                | _X_ |  
| 7 | Support for attending meetings and/or travel                                | _X_ |  
| 8 | Patents planned, issued or pending                                         | _X_ |  
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ |  
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ |  
| 11| Stock or stock options                                                       | _X_ |  
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ |  
| 13| Other financial or non-financial interests                                   | _X_ |  

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Date: Aug. 1st, 2021
Your Name: Nan Shen
Manuscript Title: Polymicrobial anaerobic bacterial meningitis secondary to dermal sinus: a case report
Manuscript number (if known): TP-21-210

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|   |   |   |
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|   |   |   |
| 3 | Royalties or licenses | ___X__None |
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|   |   |   |
|   |   |   |
| 4 | Consulting fees | ___X__None |
|   |   |   |
|   |   |   |
|   |   |   |
|   | Description                                                                 | 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 | X | None |
| 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 |

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Date: Aug. 1st, 2021
Your Name: RuiKe Zhao
Manuscript Title: Polymicrobial anaerobic bacterial meningitis secondary to dermal sinus: a case report
Manuscript number (if known): TP-21-210

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| **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 |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | 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            | X | None |
|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 |

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Date: Aug. 1st, 2021
Your Name: Yue Tao
Manuscript Title: Polymicrobial anaerobic bacterial meningitis secondary to dermal sinus: a case report
Manuscript number (if known): TP-21-210

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| 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 |
|   | Time frame: past 36 months |   |
|   | Financial Interests                                                                 | 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                    | X | None |
| 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 |

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Date: Aug. 1st, 2021
Your Name: Xi Mo
Manuscript Title: Polymicrobial anaerobic bacterial meningitis secondary to dermal sinus: a case report
Manuscript number (if known): TP-21-210

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| 3 | Royalties or licenses                                                                       | _X_ None                                                                             |
| 4 | Consulting fees                                                                             | _X_ None                                                                             |

**Time frame: past 36 months**
|   | Description                                                                                                                                                                                                 | Response |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 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                                                                                                                                           | __X__None |
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Date: Aug. 1st, 2021
Your Name: Qing Cao
Manuscript Title: Polymicrobial anaerobic bacterial meningitis secondary to dermal sinus: a case report
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| 3 | Royalties or licenses                                                                            | _X_ None                                                                            |
| 4 | Consulting fees                                                                                  | _X_ None                                                                            |
|   | Description                                                                                                           | _X_ None |
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