

ICMJE DISCLOSURE FORM

Date: 5/17/2024

Your Name: Volker Alt

Manuscript Title: Repetitive combined doses of bacteriophages and gentamicin protect against Staphylococcus aureus implant-related infections in Galleria mellonella

Manuscript Number (if known): BJR-2023-0340.R1

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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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.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 5/11/2024

Your Name: Dr. Susanne Bärtl

Manuscript Title: Repetitive combined doses of bacteriophages and gentamicin protect against Staphylococcus aureus implant-related infections in Galleria mellonella

Manuscript Number (if known): BJR-2023-0340.R1

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ICMJE DISCLOSURE FORM

Date: 4/29/2024

Your Name: Gopala Krishna Mannala

Manuscript Title: Repetitive combined doses of bacteriophages and gentamicin protect against Staphylococcus aureus implant-related infections in Galleria mellonella

Manuscript Number (if known): BJR-2023-0340.R1

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ICMJE DISCLOSURE FORM

Date: 4/29/2024

Your Name: Martijn Riool

Manuscript Title: Repetitive combined doses of bacteriophages and gentamicin protect against Staphylococcus aureus implant-related infections in Galleria mellonella

Manuscript Number (if known): BJR-2023-0340.R1

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ICMJE DISCLOSURE FORM

Date: 5/10/2024

Your Name: Markus Rupp

Manuscript Title: Repetitive combined doses of bacteriophages and gentamicin protect against Staphylococcus aureus implant-related infections in Galleria mellonella

Manuscript Number (if known): BJR-2023-0340.R1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 5/10/2024

Your Name: Nike Walter

Manuscript Title: Repetitive combined doses of bacteriophages and gentamicin protect against Staphylococcus aureus implant-related infections in Galleria mellonella

Manuscript Number (if known): BJR-2023-0340.R1

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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Date: 5/10/2024

Your Name: Raphaëlle Youf

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Manuscript Number (if known): BJR-2023-0340.R1

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