

ICMJE DISCLOSURE FORM

Date: 5/25/2025

Your Name: Robin Bawer

Manuscript Title: Implementation of Oral Versus Intravenous Antibiotics (OVIVA) into Clinical Practice at a Specialized Orthopedic Infection Unit: A Descriptive Retrospective Cohort Study

Manuscript Number (if known): Click or tap here to enter text.

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 260 1516 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 483 1516 583"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1045 1516 1146"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1264 1516 1365"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1482 1516 1583"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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.

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Date: 5/25/2025

Your Name: Anton Alexander Nolte Peterlin

Manuscript Title: Implementation of Oral Versus Intravenous Antibiotics (OVIVA) into Clinical Practice at a Specialized Orthopedic Infection Unit: A Descriptive Retrospective Cohort Study

Manuscript Number (if known): [\[Click or tap here to enter text.\]](#)

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Date: 5/25/2025

Your Name: Jakob Bak

Manuscript Title: Implementation of Oral Versus Intravenous Antibiotics (OVIVA) into Clinical Practice at a Specialized Orthopedic Infection Unit: A Descriptive Retrospective Cohort Study

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Date: 5/25/2025

Your Name: Hans Gottlieb

Manuscript Title: Implementation of Oral Versus Intravenous Antibiotics (OVIVA) into Clinical Practice at a Specialized Orthopedic Infection Unit: A Descriptive Retrospective Cohort Study

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