

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mariel

2. Surname (Last Name)
McLaughlin

3. Date
15-February-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Harvey Chim

5. Manuscript Title
Function-sparing free split latissimus dorsi flap for lower extremity reconstruction: 5 year consecutive single surgeon series

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-00022

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Mariel McLaughlin has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Harvey

2. Surname (Last Name)

Chim

3. Date

15-February-2020

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Function-sparing free split latissimus dorsi flap for lower extremity reconstruction: 5 year consecutive single surgeon series

6. Manuscript Identifying Number (if you know it)

JBJS-D-20-00022

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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Section 4. Intellectual Property -- Patents & Copyrights

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☒ No

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Dr. Chim has nothing to disclose.

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1. Given Name (First Name)
Rachel

2. Surname (Last Name)
Cohen-Shohet

3. Date
15-February-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Harvey Chim

5. Manuscript Title

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