ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Kamarul Arifin
2. Surname (Last Name): Abdul Razak
3. Date: 16-November-2017

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Nor Hazla Mohamed Haflah

5. Manuscript Title: Massive traumatic skin defect successfully treated with autologous bilayered tissue engineered skin MyDermTM

6. Manuscript Identifying Number (if you know it):

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
P120042556	☐	☑	☐	☐			

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Dr. Abdul Razak has a patent P120042556 issued.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Amaramalar S
2. Surname (Last Name): Naicker
3. Date: 16-November-2017

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Nor Hazla Mohamed Haflah

5. Manuscript Title: Massive traumatic skin defect successfully treated with autologous bilayered tissue engineered skin MyDermTM

6. Manuscript Identifying Number (if you know it):

Section 2. The Work Under Consideration for Publication

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Malaysian Technology Development Corporation	☑	☐	☐	☐		

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Section 1. Identifying Information

1. Given Name (First Name): Mohd Heikal
2. Surname (Last Name): Mohd Yunus
3. Date: 16-November-2017

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Nor Hazla Mohamed Haflah

5. Manuscript Title: Massive traumatic skin defect successfully treated with autologous bilayered tissue engineered skin MyDermTM

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Section 1. Identifying Information

1. Given Name (First Name): Min Hwei
2. Surname (Last Name): Ng
3. Date: 16-November-2017

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Nor Hazla Mohamed Haflah

5. Manuscript Title: Massive traumatic skin defect successfully treated with autologous bilayered tissue engineered skin MyDermTM

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2. Surname (Last Name): Htwe
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Corresponding Author's Name: Nor Hazla Mohamed Haflah

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
P120042556	☐	☑	☐	☐			

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name): Nor Hazla
2. Surname (Last Name): Mohamed Haflah
3. Date: 16-November-2017

4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title: Massive traumatic skin defect successfully treated with autologous bilayered tissue engineered skin MyDermTM

6. Manuscript Identifying Number (if you know it):

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1. Given Name (First Name): Ruszymah
2. Surname (Last Name): Idrus
3. Date: 16-November-2017

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Nor Hazla Mohamed Haflah

5. Manuscript Title: Massive traumatic skin defect successfully treated with autologous bilayered tissue engineered skin MyDermTM

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