

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.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Eytan

2. Surname (Last Name)
Debbi

3. Date
06-February-2019

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

5. Manuscript Title
Squamous Cell Carcinoma Arising from a Morel-Lavallée Lesion

6. Manuscript Identifying Number (if you know it)
CC-D-18-00441

Section 2. The Work Under Consideration for Publication

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Dr. Debbi 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)

Joseph

2. Surname (Last Name)

Giaconi

3. Date

06-February-2019

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Eytan Debbi

5. Manuscript Title

Squamous Cell Carcinoma Arising from a Morel-Lavallée Lesion

6. Manuscript Identifying Number (if you know it)

CC-D-18-00441

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Are there any relevant conflicts of interest?

☐

Yes

☒

No

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Are there any relevant conflicts of interest?

☐

Yes

☒

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐

Yes

☒

No

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Dr. Giaconi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Charles

2. Surname (Last Name)
Moon

3. Date
06-February-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Eytan Debbi

5. Manuscript Title
Squamous Cell Carcinoma Arising from a Morel-Lavallée Lesion

6. Manuscript Identifying Number (if you know it)
CC-D-18-00441

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Dr. Moon has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Earl	2. Surname (Last Name) Brien	3. Date 22-March-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Eytan Debbi
5. Manuscript Title Squamous Cell Carcinoma Arising from a Morel-Lavallée Lesion		
6. Manuscript Identifying Number (if you know it) CC-D-18-00441R2		

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Dr. Brien has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Emily

2. Surname (Last Name)
Mills

3. Date
07-February-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Eytan Debbi

5. Manuscript Title
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Emily Mills has nothing to disclose.

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