

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.

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".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Identifying Inform	nation	
 Given Name (First Name) Ben Are you the corresponding author? 	2. Surname (Last Name) Taylor ✓ Yes No	3. Date 19-April-2019
5. Manuscript Title Masquelet Technique for Chest Wall		

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

✓ No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Zimmer Biomet		\checkmark				
Orthobullets.com		\checkmark				

Section 4.

Intellectual Property -- Patents & Copyrights

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



Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Taylor reports personal fees from Zimmer Biomet, personal fees from Orthobullets.com, outside the submitted work; .

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Iden	tifying Infor	mation		
1. Given Name (First Nam Sean	e)	2. Surname (Last Name) McGowan	3. Date 15-April-	2019
4. Are you the correspond	ding author?	Yes 🖌 No	Corresponding Author's Name Ben Taylor	
5. Manuscript Title Masquelet Technique C	Chest Wall			

6. Manuscript Identifying Number (if you know it)

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✓ No

Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? \Box Yes \checkmark 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. McGowan has nothing to disclose.

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1. Given Name (First Name) Thomas	2. Surname (Last Name) Zink	3. Date 11-April-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Benjamin Taylor
5. Manuscript Title Masquelet Technique for Chest Wall		

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes

\checkmark	No	

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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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