

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.

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)

Molly

2. Surname (Last Name)

Jakeman

3. Date

10-August-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Use of Deep Inferior Epigastric Perforator Flap Reconstruction as Single-Stage Definitive Treatment of Symptomatic Diabetic Mastopathy: A Case Report

6. Manuscript Identifying Number (if you know it)

ABS-20-51

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

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Dr. Jakeman has nothing to disclose.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Jamie

2. Surname (Last Name)

Barnes

3. Date

06-August-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Molly Jakeman

5. Manuscript Title

Use of Deep Inferior Epigastric Perforator Flap Reconstruction as Single-Stage Definitive Treatment of Symptomatic Diabetic Mastopathy: A Case Report

6. Manuscript Identifying Number (if you know it)

Section 2.

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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Section 4.

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☒ No

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Dr. Barnes 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) Simon	2. Surname (Last Name) Bennett	3. Date 08-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Molly Jakeman
5. Manuscript Title Use of Deep Inferior Epigastric Perforator Flap Reconstruction as Single-Stage Definitive Treatment of Symptomatic Diabetic Mastopathy: A Case Report		
6. Manuscript Identifying Number (if you know it) 		

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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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Dr. Bennett 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) Tamara	2. Surname (Last Name) Kiernan	3. Date 30-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Molly Jakeman
5. Manuscript Title Use of Deep Inferior Epigastric Perforator Flap Reconstruction as Single-Stage Definitive Treatment of Symptomatic Diabetic Mastopathy: A Case Report		
6. Manuscript Identifying Number (if you know it) ABS-20-51		

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Dr. Kiernan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
rieke

2. Surname (Last Name)
taghizadeh

3. Date
11-August-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Molly Jakeman

5. Manuscript Title
Use of deep inferior epigastric perforator flap reconstruction as single stage definitive treatment of symptomatic diabetic mastopathy; a case report

6. Manuscript Identifying Number (if you know it)
ABS-20-51

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Dr. taghizadeh has nothing to disclose.

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