

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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2. The work under consideration for publication.

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4. Intellectual Property.

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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)

Paolo

2. Surname (Last Name)

Cariati

3. Date

10-July-2020

4. Are you the corresponding author?



Yes



No

5. Manuscript Title

Iliac crest free flap: Indications, tips and pitfalls

6. Manuscript Identifying Number (if you know it)

FOMM-2020-MR-04

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.)?

Are there any relevant conflicts of interest?



Yes



No

Section 3. Relevant financial activities outside the submitted work.

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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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Section 6.

Disclosure Statement

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Dr. Cariati 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) Silvano	2. Surname (Last Name) Ferrari	3. Date 10-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Paolo Cariatì
5. Manuscript Title Iliac crest free flap: Indications, tips and pitfalls		
6. Manuscript Identifying Number (if you know it) FOMM-2020-MR-04		

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Ferrari has nothing to disclose.

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1. Given Name (First Name) Susana	2. Surname (Last Name) Arroyo Rodriguez	3. Date 10-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Paolo Cariati
5. Manuscript Title Iliac crest free flap: Indications, tips and pitfalls		
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Dr. Arroyo Rodriguez has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)

Andrea

2. Surname (Last Name)

Ferri

3. Date

10-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Paolo Cariatì

5. Manuscript Title

Iliac crest free flap: Indications, tips and pitfalls

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