

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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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Chang-Xiong	2. Surname (Last Name) Liu	3. Date 09-December-2018
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Stage I repair of skin and soft tissue de	fects using lateral femoral perforator free flap in pilo	n fracture surgery
6. Manuscript Identifying Number (if you k JXYM-18-102	now it)	
Section 2. The Work Under C	onsideration for Publication	
	eive payment or services from a third party (government, c g but not limited to grants, data monitoring board, study c est? Yes V No	
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Section 4. Intellectual Prope	rty Patents & Copyrights	
Do you have any patents, whether plar	nned, pending or issued, broadly relevant to the worl	☐ Yes ✓ No</td



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Zhang 1



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Zhang 2



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Xie 1



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4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Chang-Xiong Liu	
5. Manuscript Title Stage I repair of sk	kin and soft tissue defe	ects using lateral femoral p	perforator free flap in pilon fracture surgery	
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Xie 2



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of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4.	Intellectual Proper	rty Patents & Copyric	ıhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Xia 2



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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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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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



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1. Given Name (First Name) Xin-Feng	2. Surname (Last Name) Huang	3. Date 09-December-2018		
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Chang-Xiong Liu		
5. Manuscript Title Stage I repair of skin and soft tissue del	fects using lateral femoral រុ	perforator free flap in pilon fracture surgery		
6. Manuscript Identifying Number (if you k JXYM-18-102	now it)			
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Section 3. Relevant financial	activities outside the s	submitted work.		
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Section 4. Intellectual Prope	rty Patents & Copyric	ghts		
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1. Given Name (First Name) Kuang-Wen	2. Surname (Last Name) Lee	3. Date 09-December-2018		
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Name Chang-Xiong Liu		
5. Manuscript Title Stage I repair of skin and soft tissue de	efects using lateral femoral p	perforator free flap in pilon fracture surgery		
6. Manuscript Identifying Number (if you JXYM-18-102	know it)			
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