

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) Jae-Ho	2. Surname (Last Name) Chung	3. Date 24-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eul-Sik Yoon
5. Manuscript Title Analysis of Oncological safety of Autologous Fat grafting After Immediate Breast Reconstruction		
6. Manuscript Identifying Number (if you know it) GS-20-645		

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Dr. Chung 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) Ki-Jae	2. Surname (Last Name) Kim	3. Date 24-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eul-Sik Yoon
5. Manuscript Title Analysis of Oncological safety of Autologous Fat grafting After Immediate Breast Reconstruction		
6. Manuscript Identifying Number (if you know it) GS-20-645		

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Dr. Kim has nothing to disclose.

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1. Given Name (First Name) Seung Pil	2. Surname (Last Name) Jung	3. Date 24-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eul-Sik Yoon
5. Manuscript Title Analysis of Oncological safety of Autologous Fat grafting After Immediate Breast Reconstruction		
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### Section 1. Identifying Information

1. Given Name (First Name) Seung-Ha	2. Surname (Last Name) Park	3. Date 24-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eul-Sik Yoon
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Dr. Park has nothing to disclose.

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1. Given Name (First Name)  
Eul-Sik

2. Surname (Last Name)  
Yoon

3. Date  
24-October-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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