

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Yangxue

2. Surname (Last Name)

Ou

3. Date

16-December-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Tun Liu

5. Manuscript Title

Incision and flap design during total auricular reconstruction using a 2-stage strategy

6. Manuscript Identifying Number (if you know it)

ATM-20-8015

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Yes

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Dr. Ou has nothing to disclose.

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1. Given Name (First Name)

Tongyu

2. Surname (Last Name)

Cao

3. Date

16-December-2020

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Yes

No

Corresponding Author's Name

Tun Liu

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1. Given Name (First Name) Qingguo	2. Surname (Last Name) Zhang	3. Date 16-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tun Liu
5. Manuscript Title Incision and flap design during total auricular reconstruction using a 2-stage strategy		
6. Manuscript Identifying Number (if you know it) ATM-20-8015		

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Tun

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Liu

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