

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Dong	2. Surname (Last Name) Li	3. Date 14-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Min Wei & Jie Yuan
5. Manuscript Title Necessity of Facial Contouring in Feminization Surgery for Oriental Transgender Females		
6. Manuscript Identifying Number (if you know it) _____		

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. Li has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Liang	2. Surname (Last Name) Xu	3. Date 14-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Min Wei & Jie Yuan
5. Manuscript Title Necessity of Facial Contouring in Feminization Surgery for Oriental Transgender Females		
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Dr. Xu has nothing to disclose.

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1. Given Name (First Name) Zheyuan	2. Surname (Last Name) Yu	3. Date 14-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Min Wei & Jie Yuan
5. Manuscript Title Necessity of Facial Contouring in Feminization Surgery for Oriental Transgender Females		
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Section 1. Identifying Information

1. Given Name (First Name)

Jie

2. Surname (Last Name)

Yuan

3. Date

14-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Necessity of Facial Contouring in Feminization Surgery for Oriental Transgender Females

6. Manuscript Identifying Number (if you know it)

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Min

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Wei

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14-August-2020

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5. Manuscript Title

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