

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.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)
Xin

2. Surname (Last Name)
Huang

3. Date
02-February-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Haifei Shi

5. Manuscript Title
Reconstruction of thumb defects with medial sural artery perforator flap

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 6. Disclosure Statement

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Dr. Huang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Jihua

2. Surname (Last Name)

Xu

3. Date

02-February-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Haifei Shi

5. Manuscript Title

Reconstruction of thumb defects with medial sural artery perforator flap

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name) Hu	2. Surname (Last Name) Yang	3. Date 02-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Haifei Shi
5. Manuscript Title Reconstruction of thumb defects with medial sural artery perforator flap		
6. Manuscript Identifying Number (if you know it) 		

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Section 1. Identifying Information

1. Given Name (First Name)
Haifei

2. Surname (Last Name)
Shi

3. Date
02-February-2021

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Reconstruction of thumb defects with medial sural artery perforator flap

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