

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Ran	2. Surname (Last Name) Mo	3. Date 05-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qian Tan
5. Manuscript Title Short- and long-term efficacy of negative-pressure wound therapy in split-thickness skin grafts: a retrospective study		
6. Manuscript Identifying Number (if you know it) APM-20-1806		

Section 2. The Work Under Consideration for Publication

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Dr. Mo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Zhouji

2. Surname (Last Name)

Ma

3. Date

05-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Qian Tan

5. Manuscript Title

Short- and long-term efficacy of negative-pressure wound therapy in split-thickness skin grafts: a retrospective study

6. Manuscript Identifying Number (if you know it)

APM-20-1806

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Dr. Ma has nothing to disclose.

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1. Given Name (First Name)
Chen

2. Surname (Last Name)
Chen

3. Date
05-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Qian Tan

5. Manuscript Title

Short- and long-term efficacy of negative-pressure wound therapy in split-thickness skin grafts: a retrospective study

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APM-20-1806

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Tan

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05-September-2020

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