

ICMJJE DISCLOSURE FORM

Date: Mar. 9th, 2021

Your Name: Yongyong Wu

Manuscript Title: **Free vastus lateralis muscle flap transplantation for postoperative chronic empyema: a single-center retrospective study**

Manuscript number (if known): APM-21-261

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Please summarize the above conflict of interest in the following box:

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Date: Mar. 9th, 2021

Your Name: Zhongliang He

Manuscript Title: Free vastus lateralis muscle flap transplantation for postoperative chronic empyema: a single-center retrospective study

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Date: Mar. 9th, 2021

Your Name: Chun Zhang

Manuscript Title: Free vastus lateralis muscle flap transplantation for postoperative chronic empyema: a single-center retrospective study

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Date: Mar. 9th, 2021

Your Name: Yiyang Liu

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Date: Mar. 9th, 2021

Your Name: Weihua Xu

Manuscript Title: Free vastus lateralis muscle flap transplantation for postoperative chronic empyema: a single-center retrospective study

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Date: _____ Mar. 9th, 2021 _____

Your Name: _____ Guoxing Chen _____

Manuscript Title: Free vastus lateralis muscle flap transplantation for postoperative chronic empyema: a single-center retrospective study

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Your Name: Lei Wang

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