

ICMJE DISCLOSURE FORM

Date: April 29, 2021

Your Name: Jun Liu

Manuscript Title: Repair of severe peri-knee soft tissue defect using an anterolateral thigh flap with the descending genicular vessels as the recipient pedicle: A Case Series of 14 Patients

Manuscript number (if known): APM-21-827-R2

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
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Please summarize the above conflict of interest in the following box:

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Date: April 29, 2021

Your Name: Yongwei Wu

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Date: April 29, 2021

Your Name: Ming Zhou

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Your Name: Hao Liu

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Your Name: Yongqiang Kang

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Your Name: Yapeng Wang

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