

## ICMJE DISCLOSURE FORM

Date: 2022.3.18

Your Name: Zhiyuan Wu

Manuscript Title: Plastic surgical repair of ulcer wounds of diabetic foot patients through systemic treatment and local infection control

Manuscript number (if known): APM-22-352

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:**

The author has no conflicts of interest to declare.

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 2022.3.18

Your Name: Jie Li

Manuscript Title: Plastic surgical repair of ulcer wounds of diabetic foot patients through systemic treatment and local infection control

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Your Name: Zhanpeng Li

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Date: 2022.3.18

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Your Name: Xiang Li

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