

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Malte

2. Surname (Last Name)  
Rommedahl

3. Date  
26-January-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Jørn Bo Thomsen

5. Manuscript Title  
Visual assessment of scapular position following delayed breast reconstruction with the latissimus dorsi flap or the thoracodorsal artery perforator flap

6. Manuscript Identifying Number (if you know it)  
ABS-18-5

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Dr. Rommedahl has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mikkel	2. Surname (Last Name) Børsen Rindom	3. Date 26-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jørn Bo Thomsen
5. Manuscript Title Visual assessment of scapular position following delayed breast reconstruction with the latissimus dorsi flap or the thoracodorsal artery perforator flap		
6. Manuscript Identifying Number (if you know it) ABS-18-5		

### Section 2. The Work Under Consideration for Publication

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Dr. Børsen Rindom has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Jørn Bo

2. Surname (Last Name)

Thomsen

3. Date

26-January-2018

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Visual assessment of scapular position following delayed breast reconstruction with the latissimus dorsi flap or the thoracodorsal artery perforator flap

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Jens

2. Surname (Last Name)

Ahm, Sørensen

3. Date

26-January-2018

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Yes  No

Corresponding Author's Name

Jørn Bo Thomsen

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