

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Prakasit

2. Surname (Last Name)  
Chirappapha

3. Date  
31-May-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Rupporn Sukpanich

5. Manuscript Title  
Breast sharing for closure contralateral mastectomy defect

6. Manuscript Identifying Number (if you know it)  
ABS-18-20

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Dr. Chirappapha has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Rupporn

2. Surname (Last Name)  
Sukpanich

3. Date  
31-May-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Breast sharing for closure contralateral mastectomy defect

6. Manuscript Identifying Number (if you know it)  
ABS-18-20

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Monchai	2. Surname (Last Name) Leesombatpaiboon	3. Date 31-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rupporn Sukpanich
5. Manuscript Title Breast sharing for closure contralateral mastectomy defect		
6. Manuscript Identifying Number (if you know it) ABS-18-20		

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Dr. Leesombatpaiboon has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Chairat	2. Surname (Last Name) Supsamutchai	3. Date 31-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rupporn Sukpanich
5. Manuscript Title Breast sharing for closure contralateral mastectomy defect		
6. Manuscript Identifying Number (if you know it) ABS-18-20		

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Dr. Supsamutchai has nothing to disclose.

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Thongchai

2. Surname (Last Name)

Sukarayothin

3. Date

31-May-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Rupporn Sukpanich

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Dr. Sukarayothin has nothing to disclose.

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#### Definitions.

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**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Chayanoot

2. Surname (Last Name)  
Rattadilok

3. Date  
31-May-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Rupporn Sukpanich

5. Manuscript Title  
Breast sharing for closure contralateral mastectomy defect

6. Manuscript Identifying Number (if you know it)  
ABS-18-20

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

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Rattadilok has nothing to disclose.

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