

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Vivi	2. Surname (Last Name) Chen	3. Date 22-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph Carey
5. Manuscript Title Trends in breast reconstruction techniques at a large safety net hospital: a 10-year institutional review		
6. Manuscript Identifying Number (if you know it) ABS-17-2		

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

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Chen has nothing to disclose.

### Evaluation and Feedback

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1. Given Name (First Name) Ann	2. Surname (Last Name) Lin	3. Date 22-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph Carey
5. Manuscript Title Trends in breast reconstruction techniques at a large safety net hospital: a 10-year institutional review		
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1. Given Name (First Name)  
Joseph

2. Surname (Last Name)  
Carey

3. Date  
22-December-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Trends in breast reconstruction techniques at a large safety net hospital: a 10-year institutional review

6. Manuscript Identifying Number (if you know it)  
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