

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anne

2. Surname (Last Name)
Larsen

3. Date
01-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Incisional negative pressure wound therapy on mastectomy skin flaps—does it reduce seroma formation? A prospective, randomized study

6. Manuscript Identifying Number (if you know it)
ABS-19-61

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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

Dr. Larsen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Nana	2. Surname (Last Name) Hyldig	3. Date 01-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Kristine Larsen
5. Manuscript Title Incisional negative pressure wound therapy on mastectomy skin flaps—does it reduce seroma formation? A prospective, randomized study		
6. Manuscript Identifying Number (if you know it) ABS-19-61		

Section 2. The Work Under Consideration for Publication

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Dr. Hyldig has nothing to disclose.

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1. Given Name (First Name)
Sören

2. Surname (Last Name)
Möller

3. Date
01-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Anne Kristine Larsen

5. Manuscript Title
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1. Given Name (First Name) Camilla	2. Surname (Last Name) Bille	3. Date 01-January-2020
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