

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

Barnes 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fii Jamie		2. Surname (Last Name) Barnes		3. Date 28-September-2020
4. Are you the corresponding author?		✓ Yes No		
5. Manuscript Title The scarred abdomen and DIEP surgery - Contraindication or opportunity for combined abdominal wall reconstruction?: A Case Report				
6. Manuscript Identifying Number (if you know it) ABS-20-105-R1				
<i>c</i>				
Section 2.	The Work Under Co	onsideration for Publi	cation	
Did you or your institution <b>at any time</b> 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.				
Dettion 5.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add	) with entities as descri +" box. You should rep	bed in the instructions. Uport relations hips that we	se one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
Are there any rel	evant conflicts of intere	st? Yes ✓ No		
	l			
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	? ☐ Yes 🗸 No

Barnes 2



Section 5. Relationships not sovered above
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Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Barnes has nothing to disclose.

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Bennett 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Simon	2. Surname (Last Name) Bennett		3. Date 25-September-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nan Jamie Barnes	ne	
5. Manuscript Title The scarred abdomen and DIEP surgery - Contraindication or opportunity for combined abdominal wall reconstruction?: A Case Report				
6. Manuscript Identifying Number (if you kr ABS-20-105-R1	now it)	_		
Continu 2				
Section 2. The Work Under Co	onsideration for Public	cation		
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da			
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	ibed in the instructions. Us port relationships that wer	se one line for each entity; a	dd as many lines as you need by	
Section 4. Intellectual Proper	rty Patents & Copyri <u>c</u>	uhts.		
mtenectual Proper	ty Patents & Copyrig	jiits —		
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No	

Bennett 2



Section 5. Polationships not sovered above				
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Chadwick 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Michael	rst Name)	2. Surname (Last Name) Chadwick	3. Date 28-September-2020	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Jamie Barnes	
5. Manuscript Title The scarred abdomen and DIEP surgery - Contraindication or opportunity for combined abdominal wall reconstruction?: A Case Report			ortunity for combined abdominal wall reconstruction?: A	
6. Manuscript Ider ABS-20-105-R1	ntifying Number (if you kr	now it)		
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any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Chadwick 2



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Dr. Chadwick has nothing to disclose.

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taghizadeh 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fii rieka	rst Name)	2. Surname (Last Name) taghizadeh	3. Date 26-September-2020	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name  Jamie Barnes	
	5. Manuscript Title The scarred abdomen and DIEP surgery - Contraindication or opportunity for combined abdominal wall reconstruction?: A Case Report			
6. Manuscript Ider ABS-20-105-R1	ntifying Number (if you kn	now it)	_	
	1			
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V	

taghizadeh 2



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