

ICMJE DISCLOSURE FORM

Date: 4/1/21

Your Name: Jake Prigoff

Manuscript Title: The Impact of COVID-19 on Breast Surgery During the Height of the New York City Pandemic

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 4-1-2021

Your Name: Maximilian Staebler

Manuscript Title: The Impact of COVID-19 on Breast Surgery During the Height of the New York City Pandemic

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 4/2/21
 Your Name: Roshni Rao
 Manuscript Title: The Impact of COVID-19 on Breast Surgery During the Height of the NYC pandemic
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 5-12-2021
 Your Name: Bret Taback
 Manuscript Title: The Impact of COVID-19 on Breast Surgery During the Height of the NYC Pandemic
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3/15/21
 Your Name: LISA WIECZYNSKI
 Manuscript Title: THE IMPACT OF COVID-19 ON BREAST SURGERY DURING
 Manuscript number (if known): THE HEIGHT OF THE NEW YORK CITY
PANDEMIC

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Date: 3/15/21
 Your Name: Melissa Accordino
 Manuscript Title: The Impact of COVID-19 on Breast Surgery During the Height of the New York City Pandemic
 Manuscript number (if known): _____

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