

ICMJE DISCLOSURE FORM

Date: 05/06/2023

Your Name: Bian Hao Zhe

Manuscript Title: Enhanced Recovery after Surgery for Breast Reconstruction – A Systematic Review and Meta-analysis

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.

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Please summarize the above conflict of interest in the following box:

NIL

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: 05/06/2023

Your Name: Matthias Yi Quan Liao

Manuscript Title: Enhanced Recovery after Surgery for Breast Reconstruction – A Systematic Review and Meta-analysis

Manuscript number (if known): _____

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Date: 05/06/2023

Your Name: Geraldine Pei Chin Cheong

Manuscript Title: Enhanced Recovery after Surgery for Breast Reconstruction – A Systematic Review and Meta-analysis

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Date: 05/06/2023

Your Name: Jerry Tiong Thye Goo

Manuscript Title: Enhanced Recovery after Surgery for Breast Reconstruction – A Systematic Review and Meta-analysis

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Your Name: Jolie Jingyi Hwee

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Date: 05/06/2023

Your Name: Clement Luck Khng Chia

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