

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Adam

2. Surname (Last Name)

Kopecky

3. Date

09-November-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Bioengineered dermal substitute for periocular defects

6. Manuscript Identifying Number (if you know it)

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Dr. Kopecky has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jan

2. Surname (Last Name)

Němčanský

3. Date

09-November-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Adam Kopecký

5. Manuscript Title

Bioengineered dermal substitutes for periocular defects

6. Manuscript Identifying Number (if you know it)

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Dr. Němčanský has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Vladimir

2. Surname (Last Name)

Kratky

3. Date

04-November-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Dr. Adam Kopecky

5. Manuscript Title

Bioengineered dermal substitute for periocular defects

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alexander C.	2. Surname (Last Name) Rokohl	3. Date 08-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. Adam Kopecky
5. Manuscript Title Bioengineered dermal substitute for periocular defects		
6. Manuscript Identifying Number (if you know it) 		

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Section 1. Identifying Information

1. Given Name (First Name)

Ludwig M

2. Surname (Last Name)

Heindl

3. Date

08-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Dr. Adam Kopecky

5. Manuscript Title

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Prof. Heindl has nothing to disclose.

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