Date: Jan. 10 <sup>th</sup> , 2022	
Your Name: Lisanne Grünherz	
Manuscript Title: Autologous breast reconstruction in a patient with thalidomide embryopathy: case report	t
Manuscript number (if known): <u>ASJ-21-88</u>	

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 <u>current</u> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
Ŭ	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	X None	
-	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
12	Other financial or non-	V Nana	
13	financial interests	XNone	

None.

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

Date: Jar	n. 10 <sup>th</sup> , 2022
Your Name:	Sonia Fertsch
Manuscript 1	itle: <u>Autologous breast reconstruction in a patient with thalidomide embryopathy: case report</u>
Manuscript r	number (if known): <u>ASJ-21-88</u>

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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
12	Other financial or non-	V Nana	
13	financial interests	XNone	

None.

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

Date: Jan	n. 10 <sup>th</sup> , 2022
Your Name:	Christoph Andree
Manuscript <sup>-</sup>	Title: <u>Autologous breast reconstruction in a patient with thalidomide embryopathy: case report</u>
Manuscript I	number (if known): <u>ASJ-21-88</u>

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11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
12	Other financial or non-	V Nana	
13	financial interests	XNone	

None.

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

Date:	Jan. 10	<sup>h</sup> , 2022
Your Nam	ie:	Beatrix Munder
Manuscri	pt Title:	Autologous breast reconstruction in a patient with thalidomide embryopathy: case report
Manuscri	pt numl	per (if known): <u>ASJ-21-88</u>

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	meetings and/or traver		
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-	pending		
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	Advisory Board		
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	in other board, society, committee or advocacy		
	group, paid or unpaid		
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
12	Other financial or non-	V Nana	
13	financial interests	XNone	

None.

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

Date: Jan. 10 <sup>th</sup>	, 2022
Your Name:	Tino Schulz
Manuscript Title:	Autologous breast reconstruction in a patient with thalidomide embryopathy: case report
Manuscript numb	er (if known): <u>ASJ-21-88</u>

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0	testimony		
	,		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
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10	Leadership or fiduciary role	XNone	
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	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: Ja	n. 10 <sup>th</sup> , 2022
Your Name:	Andreas Wolter
Manuscript	Title: <u>Autologous breast reconstruction in a patient with thalidomide embryopathy: case report</u>
Manuscript	number (if known): <u>ASJ-21-88</u>

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None.

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

Date:	Jan. 10 <sup>th</sup> , 2022	
Your Nam	e: Abdallah Abdallah	
Manuscrip	ot Title: <u>Autologous breast reconstruction in a patient with thalidomide embryopathy: case report</u>	
Manuscrip	ot number (if known): <u>ASJ-21-88</u>	

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