

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hui	2. Surname (Last Name) Zhang	3. Date 08-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Liangwan Chen
5. Manuscript Title Bilateral partial pectoralis major muscle turnover flaps for the management of deep sternal wound infection following cardiac surgery		
6. Manuscript Identifying Number (if you know it) JTD-20-2845		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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

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Dr. Zhang has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Jing

2. Surname (Last Name)

Lin

3. Date

08-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Liangwan Chen

5. Manuscript Title

Bilateral partial pectoralis major muscle turnover flaps for the management of deep sternal wound infection following cardiac surgery

6. Manuscript Identifying Number (if you know it)

JTD-20-2845

Section 2.

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Are there any relevant conflicts of interest?

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Section 1. Identifying Information

1. Given Name (First Name) Hongwei Yang	2. Surname (Last Name) Yang	3. Date 08-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Liangwan Chen
5. Manuscript Title Bilateral partial pectoralis major muscle turnover flaps for the management of deep sternal wound infection following cardiac surgery		
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1. Given Name (First Name) Yichao	2. Surname (Last Name) Pan	3. Date 08-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Liangwan Chen
5. Manuscript Title Bilateral partial pectoralis major muscle turnover flaps for the management of deep sternal wound infection following cardiac surgery		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Liangwan

2. Surname (Last Name)

Chen

3. Date

08-September-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Bilateral partial pectoralis major muscle turnover flaps for the management of deep sternal wound infection following cardiac surgery

6. Manuscript Identifying Number (if you know it)

JTD-20-2845

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