

## ICMJE DISCLOSURE FORM

**Date:** 8/7/2023

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**Your Name:** Joao Paulo C. de Macedo

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**Manuscript Title:** Sternal cleft: new options for reconstruction

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**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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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**Your Name:** Pedro Henrique Xavier Nabuco de Araujo

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**Date:** 8/7/2023

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**Your Name:** José Ribas Milanez de Campos

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**Manuscript Title:** Sternal cleft: new options for reconstruction

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**Your Name:** Paulo Manuel Pêgo Fernandes

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**Manuscript Title:** Sternal cleft: new options for reconstruction

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