

## 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) Kaleem	2. Surname (Last Name) Arshad	3. Date 01-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paolo Cariati
5. Manuscript Title Free Flap Surgery in Osteoradionecrosis of the Head and Neck		
6. Manuscript Identifying Number (if you know it) FOMM-2021-02		

### 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Arshad has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Paul	2. Surname (Last Name) Amailuk	3. Date 01-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paolo Cariati
5. Manuscript Title Free Flap Surgery in Osteoradionecrosis of the Head and Neck		
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### Section 2. The Work Under Consideration for Publication

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Dr. Amailuk has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Paolo

2. Surname (Last Name)

Cariati

3. Date

01-March-2021

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Free Flap Surgery in Osteoradionecrosis of the Head and Neck

6. Manuscript Identifying Number (if you know it)

FOMM-2021-02

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1. Given Name (First Name)

Tursun

2. Surname (Last Name)

Ramzey

3. Date

01-March-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Paolo Cariati

5. Manuscript Title

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