

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)
Raewyn G.

2. Surname (Last Name)
Campbell

3. Date
28-January-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Ricardo L. Carrau

5. Manuscript Title
How I do it: modification of the posterior pedicled nasoseptal flap
for clival and nasopharyngeal surgery

6. Manuscript Identifying Number (if you know it)

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Dr. Campbell has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Bradley A.

2. Surname (Last Name)
Otto

3. Date
28-January-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Ricardo L. Carrau

5. Manuscript Title
How I do it: modification of the posterior pedicled nasoseptal flap
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1. Given Name (First Name)
Daniel M.

2. Surname (Last Name)
Prevedello

3. Date
28-January-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Ricardo L. Carrau

5. Manuscript Title
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Ricardo L.

2. Surname (Last Name)

Carrau

3. Date

28-January-2018

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Yes No

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