

ICMJE DISCLOSURE FORM

Date: 18/10/23

Your Name: Ash Li Khoo

Manuscript Title: Functional and Aesthetic Outcomes of Dermofat Graft Reconstruction in Limited Parotidectomy Defects: A Cross-Sectional Study

Manuscript number (if known): AJO-23-30

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Please summarize the above conflict of interest in the following box:

None.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 18/10/23

Your Name: Jonathan Clark

Manuscript Title: Functional and Aesthetic Outcomes of Dermofat Graft Reconstruction in Limited Parotidectomy Defects: A Cross-Sectional Study

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Date: 18/10/23

Your Name: Tsu-Hui (Hubert) Low

Manuscript Title: Functional and Aesthetic Outcomes of Dermofat Graft Reconstruction in Limited Parotidectomy Defects: A Cross-Sectional Study

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Date: 18/10/23

Your Name: James Wykes

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Date: 18/10/23

Your Name: Sydney Ch'ng

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