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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	V N	
ō	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
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8	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
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>	K I certify that I have ans	wered every question and	I have not altered the wording of any of the questions of
	form.		

Date: 18/10/23

Your Name: Jonathan Clark

Manuscript Title: Functional and Aesthetic Outcomes of Dermofat Graft Reconstruction in Limited Parotidectomy

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4	Consulting fees	XNone	

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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

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

Payment or honoraria for	XNone	
lectures, presentations, speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
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Support for attending	X None	
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Patents planned, issued or	XNone	
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Participation on a Data Safety Monitoring Board or	XNone	
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D Leadership or fiduciary role	XNone	
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group, paid or unpaid Stock or stock options	X None	
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3 Other financial or non-	X None	
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Date: 18/10/23

Your Name: James Wykes

Manuscript Title: Functional and Aesthetic Outcomes of Dermofat Graft Reconstruction in Limited Parotidectomy

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
lectures, presentations, speakers bureaus,			
	manuscript writing or		
-	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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3	Patents planned, issued or	XNone	
	pending		
	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
.0	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	XNone	
2	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
.3	services Other financial or non-	X None	
	financial interests	X	
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	form.	wered every question and	mave not aftered the wording of any of the questions on
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Date: 18/10/23

Your Name: Sydney Ch'ng

Manuscript Title: Functional and Aesthetic Outcomes of Dermofat Graft Reconstruction in Limited Parotidectomy

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4	Consulting fees	XNone	

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	lectures, presentations,		
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6	Payment for expert	XNone	
	testimony		
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8	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data	X None	
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	Advisory Board		
10	Leadership or fiduciary role	X None	
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11	Stock or stock options	XNone	
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	materials, drugs, medical		
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13	financial interests	XNone	
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Please place an "X" next to the following statement to indicate your agreement:

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

Date: 18/10/23

Your Name: Michael Elliott

Manuscript Title: Functional and Aesthetic Outcomes of Dermofat Graft Reconstruction in Limited Parotidectomy

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