

ICMJE DISCLOSURE FORM

Date: 12-22-22

Your Name: Olivier F Noel

Manuscript Title: Surgical Simulation Education in Plastic Surgery: Current State of the Art and Need for Improvement

Manuscript number (if known): _____ ID: AOS-22-4

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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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None to report.

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Date: 12-22-22

Your Name: Joseph Lopez

Manuscript Title: Surgical Simulation Education in Plastic Surgery: Current State of the Art and Need for Improvement

Manuscript number (if known): _____ ID: AOS-22-4

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Date: 12-22-22

Your Name: Michael Alperovich

Manuscript Title: Surgical Simulation Education in Plastic Surgery: Current State of the Art and Need for Improvement

Manuscript number (if known): ID: AOS-22-4

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Date: 12-22-22

Your Name: Adnan Prsic

Manuscript Title: Surgical Simulation Education in Plastic Surgery: Current State of the Art and Need for Improvement

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Date: 12-22-22

Your Name: Andrea Lin

Manuscript Title: Surgical Simulation Education in Plastic Surgery: Current State of the Art and Need for Improvement

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