ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Jenna
2. Surname (Last Name)  Bekeny

3. Date  19-March-2020

4. Are you the corresponding author?  ☑ No

Corresponding Author's Name  Dr. Gabriel Del Corral

5. Manuscript Title
Breast Augmentation for Transfeminine Patients: Methods, Complications, and Outcomes

6. Manuscript Identifying Number (if you know it)
GS-20-94

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Section 1. Identifying Information

1. Given Name (First Name)        2. Surname (Last Name)        3. Date
Elizabeth Zolper 19-March-2020

4. Are you the corresponding author?  No

Corresponding Author’s Name
Dr. Gabriel Del Corral

5. Manuscript Title
Breast Augmentation for Transfeminine Patients: Methods, Complications, and Outcomes

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Ms. Zolper has nothing to disclose.

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<table>
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<th>1. Given Name (First Name)</th>
<th>Kenneth</th>
<th>2. Surname (Last Name)</th>
<th>Fan</th>
<th>3. Date</th>
<th>19-March-2020</th>
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<tbody>
<tr>
<td>4. Are you the corresponding author?</td>
<td>☐ Yes</td>
<td>☑ No</td>
<td>Corresponding Author’s Name</td>
<td>Gabriel del corral</td>
<td></td>
</tr>
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<td>5. Manuscript Title</td>
<td>Breast Augmentation for Transfeminine Patients: Methods, Complications, and Outcomes</td>
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1. Given Name (First Name)  
   Gabriel  

2. Surname (Last Name)  
   Del Corral  

3. Date  
   19-March-2020  

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   Yes  
   No  

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