ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1. Identifying Information

1. Given Name (First Name)  Paul
2. Surname (Last Name)  Shay
3. Date  26-March-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Hani Sbitany
5. Manuscript Title
   Prepectoral Implant Reconstruction in the Setting of Post-Mastectomy Radiation
6. Manuscript Identifying Number (if you know it)
   GS-2020-NFBR-03(GS-20-160)

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Dr. Shay has nothing to disclose.

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Shay
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1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Shay

3. Date  
   26-March-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
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   Hani Sbitany

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Section 1. Identifying Information

1. Given Name (First Name)  
Paymon

2. Surname (Last Name)  
Sanati-Mehrizy

3. Date  
25-March-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Hani Sbitany

5. Manuscript Title  
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1. Given Name (First Name) Hani
2. Surname (Last Name) Sbitany
3. Date 24-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
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<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Consultant</td>
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</table>

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Dr. Sbitany is a consultant for Allergan, Inc. He received no compensation or support for this study.

The remaining authors have no disclosures related to the content of this article.

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