ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Xiaoqing

2. Surname (Last Name)  
Wang

3. Date  
28-May-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author's Name  
Jinlian Wang

5. Manuscript Title  
Quality of life and related risk factors after breast reconstruction in breast cancer patients

6. Manuscript Identifying Number (if you know it)  

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Are there any relevant conflicts of interest?  
☐ Yes  ✔ No

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Are there any relevant conflicts of interest?  
☐ Yes  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Kepeng

2. Surname (Last Name)  
Zhu

3. Date  
28-May-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author's Name  
Jinlian Wang

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name) Liang
2. Surname (Last Name) Ren
3. Date 28-May-2020
4. Are you the corresponding author? □ Yes ✔ No
   Corresponding Author's Name Jinlian Wang
5. Manuscript Title
   Quality of life and related risk factors after breast reconstruction in breast cancer patients
6. Manuscript Identifying Number (if you know it)

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Dr. Ren has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hanbing
2. Surname (Last Name) Li
3. Date 28-May-2020
4. Are you the corresponding author? ☑ No
5. Manuscript Title Quality of life and related risk factors after breast reconstruction in breast cancer patients
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☑ No

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Dr. Li has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Shuai
2. Surname (Last Name)  Lin
3. Date  28-May-2020
4. Are you the corresponding author?  No
   ✔ Yes

Corresponding Author’s Name
Jinlian Wang

5. Manuscript Title
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Royalties: Funds are coming in to you or your institution due to your patent
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**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Xiao</td>
<td>Qing</td>
<td>28-May-2020</td>
</tr>
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</table>

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name: Jinlian Wang

5. Manuscript Title
Quality of life and related risk factors after breast reconstruction in breast cancer patients

6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Are there any relevant conflicts of interest? [ ] Yes [ ] No

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Dr. Qing has nothing to disclose.

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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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

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2. Surname (Last Name) Wang
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   ✔ Yes  No

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