

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		

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

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Are there any relevant conflicts of interest?  Yes  No

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Ms. Bekeny has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Elizabeth	2. Surname (Last Name) Zolper	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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1. Given Name (First Name) Kenneth	2. Surname (Last Name) Fan	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gabriel del corral
5. Manuscript Title Breast Augmentation for Transfeminine Patients: Methods, Complications, and Outcomes		
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Dr. Fan has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Gabriel

2. Surname (Last Name)  
Del Corral

3. Date  
19-March-2020

4. Are you the corresponding author?  Yes  No

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

6. Manuscript Identifying Number (if you know it)  
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