

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) Jae-Ho	2. Surname (Last Name) Chung	3. Date 23-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eul-Sik Yoon
5. Manuscript Title The Effect of Previous Scar on Breast Reconstruction using Abdominal Flap : A Retrospective Analysis of 122 Consecutive Cases and A Strategy to Reduce Complication Rates		
6. Manuscript Identifying Number (if you know it) GS-21-112		

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Are there any relevant conflicts of interest? Yes No

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Dr. Chung has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hyun-Dong	2. Surname (Last Name) Yeo	3. Date 23-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eul-Sik Yoon
5. Manuscript Title The Effect of Previous Scar on Breast Reconstruction using Abdominal Flap : A Retrospective Analysis of 122 Consecutive Cases and A Strategy to Reduce Complication Rates		
6. Manuscript Identifying Number (if you know it) GS-21-112		

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Dr. Yeo has nothing to disclose.

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1. Given Name (First Name) Seung-Pil	2. Surname (Last Name) Jung	3. Date 23-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eul-Sik Yoon
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Eul-Sik

2. Surname (Last Name)

Yoon

3. Date

23-February-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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