ICMJE DISCLOSURE FORM

Date: __2021/3/18__
Your Name: __Yingyi Zhang__
Manuscript Title: __Clinical Efficacy of Modified Total Auricular Reconstruction Technique by Using Reformative Inflation Method and Remnant Ear Without Skin Grafting__
Manuscript number (if known): ___________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| Item | Description | Time frame: Since the initial planning of the work | Specifications/Comments (e.g., if payments were made to you or your institution) |
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| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _ √ ___ None | |
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| 4    | Consulting fees | _ √ ___ None | |
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| 6 | Payment for expert testimony                                                 | _√__None |
| 7 | Support for attending meetings and/or travel                                  | _√__None |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | __√__None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __√__None |
| 11| Stock or stock options                                                        | √____None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | __√__None |
| 13| Other financial or non-financial interests                                     | _√__None |

Please summarize the above conflict of interest in the following box:

I have no conflicts of interest to declare.

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__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

[Signature]
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**Date:** 2021/3/18

**Your Name:** Chuanqi Liu

Manuscript Title: Clinical Efficacy of Modified Total Auricular Reconstruction Technique by Using Reformative Inflation Method and Remnant Ear Without Skin Grafting

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Date: __2021/3/18______________________________
Your Name: __Shiyou Wei______________________________
Manuscript Title: __Clinical Efficacy of Modified Total Auricular Reconstruction Technique by Using Reformative Inflation Method and Remnant Ear Without Skin Grafting______________________________
Manuscript number (if known): __________________________________________________________________________________

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韦译友
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Date: __2021/3/18_________________________

Your Name: __Guonian Zhu_________________________

Manuscript Title: _Clinical Efficacy of Modified Total Auricular Reconstruction Technique by Using Reformative Inflation Method and Remnant Ear Without Skin Grafting_________________________

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Date: __2021/3/18__________________________
Your Name: __Zhengyong Li__________________________
Manuscript Title: _Clinical Efficacy of Modified Total Auricular Reconstruction Technique by Using Reformative Inflation Method and Remnant Ear Without Skin Grafting ________________________________
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