

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Hoon

2. Surname (Last Name)
Kim

3. Date
03-August-2023

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Soo Yeon Lim

5. Manuscript Title
Preserving finger length in a patient with symmetric digital gangrene under local anesthesia: A case report

6. Manuscript Identifying Number (if you know it)
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Disclosure Statement

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Dr. Kim has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) In chang	2. Surname (Last Name) Ko	3. Date 03-August-2023
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name *, Department of Plastic and Reconstructive Surgery, Kon
5. Manuscript Title Preserving finger length in a patient with symmetric digital gangrene under local anesthesia: A case report		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Keun Hyung

2. Surname (Last Name)
Kim

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03-August-2023

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Soo Yeon

2. Surname (Last Name)
Lim

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