

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Info	rmation	
1. Given Name (First Name)	2. Surname (Last Name)	3. Date
Muhammad	Abbas	30-November-2020
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Simultaneous Repair of Bilateral Pec	toralis Major Muscle Tendon Ruptures: A 0	Case Report
6. Manuscript Identifying Number (if yo	u know it)	
65993	•	
	ling but not limited to grants, data monitoring	(government, commercial, private foundation, etc.) for government, commercial, private foundation, etc.) for government, study design, manuscript preparation,
Section 3. Relevant finance	ial activities outside the submitted	work.
of compensation) with entities as de	scribed in the instructions. Use one line for report relationships that were present d	ave financial relationships (regardless of amount or each entity; add as many lines as you need by luring the 36 months prior to publication.
Section 4. Intellectual Pro	oerty – Patents & Copyrights	
Do you have any patents, whether p	lanned, pending or issued, broadly releva	ant to the work? Yes Vo

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Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	owing relationships/conditions/circumstances are present (explain below):
✓ No other rel	ationships/conditions/circumstances that present a potential conflict of interest
	nanuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Urnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Abbas has n	othing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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