

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Zun Pwint | 2. Surname (Last Name) Oo | 3. Date 05-May-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Dr. Andrey Bychkov |
| 5. Manuscript Title An Overview of Thyroid Fine-Needle Aspiration Practice in Myanmar | | |
| 6. Manuscript Identifying Number (if you know it) GS-20-414 | | |

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Section 1. Identifying Information

1. Given Name (First Name)

Aung Myo

2. Surname (Last Name)

Hlaing

3. Date

05-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr. Andrey Bychkov

5. Manuscript Title

An Overview of Thyroid Fine-Needle Aspiration Practice in Myanmar

6. Manuscript Identifying Number (if you know it)

GS-20-414

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| | | |
|--|---|---|
| 1. Given Name (First Name) Khin Chaw Su | 2. Surname (Last Name) Kyi | 3. Date 05-May-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Dr. Andrey Bychkov |
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Junya

2. Surname (Last Name)

Fukuoka

3. Date

05-May-2020

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Yes No

Corresponding Author's Name

Dr. Andrey Bychkov

5. Manuscript Title

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Andrey

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Bychkov

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05-May-2020

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