

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name) Wei	2. Surname (Last Name) Ding	3. Date 20-October-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shuang Li; Hong Zhang
5. Manuscript Title A rare case showing an enlarged level I lymph node as the first symptom due to papillary thyroid microcarcinoma		
6. Manuscript Identifying Number (if you know it) GS-19-363		

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Dr. Ding has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Shuli	2. Surname (Last Name) Zhao	3. Date 20-October-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shuang Li; Hong Zhang
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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shuang Li; Hong Zhang
5. Manuscript Title A rare case showing an enlarged level I lymph node as the first symptom due to papillary thyroid microcarcinoma		
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1. Given Name (First Name) Wei	2. Surname (Last Name) Lin	3. Date 20-October-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shuang Li; Hong Zhang
5. Manuscript Title A rare case showing an enlarged level I lymph node as the first symptom due to papillary thyroid microcarcinoma		
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Section 1. Identifying Information

1. Given Name (First Name)

Shuang

2. Surname (Last Name)

Li

3. Date

20-October-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Hong

2. Surname (Last Name)
Zhang

3. Date
20-October-2019

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
A rare case showing an enlarged level I lymph node as the first symptom due to papillary thyroid microcarcinoma

6. Manuscript Identifying Number (if you know it)
GS-19-363

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Dr. Zhang has nothing to disclose.

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