

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Hong-qun	2. Surname (Last Name) Wang	3. Date 17-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Huai-yin Shi
5. Manuscript Title Biological effects of ubiquitin-specific peptidase 22 on thyroid papillary cancer cells and its mechanism of action		
6. Manuscript Identifying Number (if you know it)		

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Huai-yin Shi
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Aichun

2. Surname (Last Name)
wang

3. Date
16-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Huai-yin Shi

5. Manuscript Title

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Huai-yin

2. Surname (Last Name)
Shi

3. Date
17-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Biological effects of ubiquitin-specific peptidase 22 on thyroid papillary cancer cells and its mechanism of action

6. Manuscript Identifying Number (if you know it)

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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Dr. Shi has nothing to disclose.

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