

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

JYongchun

2. Surname (Last Name)

Qin

3. Date

25-February-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ningle Yu

5. Manuscript Title

Judgment for cause of radiogenic neoplasms for a thyroid cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Qin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jin	2. Surname (Last Name) Wang	3. Date 25-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ningle Yu
5. Manuscript Title Judgment for cause of radiogenic neoplasms for a thyroid cancer		
6. Manuscript Identifying Number (if you know it)		

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Dr. Wang has nothing to disclose.

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1. Given Name (First Name) Yimei	2. Surname (Last Name) Zhang	3. Date 25-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ningle Yu
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