

ICMJE DISCLOSURE FORM

Date: Jun. 22nd, 2021

Your Name: Fada Xia

Manuscript Title: Completion thyroidectomy and lateral neck dissection after gasless transaxillary endoscopic thyroidectomy: A case report

Manuscript number (if known): GS-22-299-CL

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Time frame: past 36 months			
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6	Payment for expert testimony	<u> Fada Xia </u> None	
7	Support for attending meetings and/or travel	<u> Fada Xia </u> None	
8	Patents planned, issued or pending	<u> Fada Xia </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> Fada Xia </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> Fada Xia </u> None	
11	Stock or stock options	<u> Fada Xia </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> Fada Xia </u> None	
13	Other financial or non-financial interests	<u> Fada Xia </u> None	

Please summarize the above conflict of interest in the following box:

None

Please place an “X” next to the following statement to indicate your agreement:

 Fada Xia **I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

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Date: Jun. 22nd, 2021

Your Name: Botao Sun

Manuscript Title: Completion thyroidectomy and lateral neck dissection after gasless transaxillary endoscopic thyroidectomy: A case report

Manuscript number (if known): GS-22-299-CL

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ICMJE DISCLOSURE FORM

Date: Jun. 22nd, 2021

Your Name: Xinying Li

Manuscript Title: Completion thyroidectomy and lateral neck dissection after gasless transaxillary endoscopic thyroidectomy: A case report

Manuscript number (if known): GS-22-299-CL

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