Date:	2023/03/17				
Your Name:	Chao-Fan L1				
Manuscript Title:	Manuscript Title:Papillary thyroid carcinoma in a thyroglossal duct cyst: a case report Manuscript number (if known):				
related to the corparties whose into transparency a	ntent of your manuscript. "Related" mea terests may be affected by the content o	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.			
The following qu manuscript only.		ps/activities/interests as they relate to the <u>current</u>			
to the epidemiol		defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.			
	, report all support for the work reported or disclosure is the past 36 months.	d in this manuscript without time limit. For all other items,			
	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	None		

Date:	2023/03/17
Your Name:	Li-Hong Zhang
Manuscript Title:	Papillary thyroid carcinoma in a thyroglossal duct cyst: a case report
Manuscript numbe	r (if known):
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
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	pending		
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9	Participation on a Data	XNone	
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	Advisory Board		
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12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	None		

Date	e:2023/03/	17	
You	r Name:Xue-Sh	ni Li	
Mai Mai	nuscript Title:Papillary nuscript number (if known):	y thyroid carcinoma in	a thyroglossal duct cyst: a case report
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the current
to ti med In it	he epidemiology of hypertendication, even if that medication	nsion, you should declare tion is not mentioned in t port for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	institution)
		needed)	
		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	XNone	
	processing charges, etc.)		
	No time limit for this item.		
2	Crants or contracts from	Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

Consulting fees

X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
_			
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
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	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	None		

Date	e:2023/03/	[′] 17		
You	r Name: Li-Shen	Li-Sheng Yu		
Mar	Manuscript Title:Papillary thyroid carcinoma in a thyroglossal duct cyst: a case report			
Mar	nuscript number (if known):			
In th	ne interest of transparency	we ask you to disclose all	relationships/activities/interests listed below that are	
			ans any relation with for-profit or not-for-profit third	
		-	of the manuscript. Disclosure represents a commitment	
•	-	•	If you are in doubt about whether to list a	
rela	tionship/activity/interest, it	t is preferable that you do	so.	
		o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
<u>mar</u>	nuscript only.			
The	author's relationships/activ	vitios /intorosts should bo	defined breadly. For example, if your manuscript portains	
			defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive	
	lication, even if that medica		· · · · · · · · · · · · · · · · · · ·	
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In it	em #1 below, report all sup	port for the work reporte	d in this manuscript without time limit. For all other items,	
the	time frame for disclosure is	the past 36 months.		
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	al planning of the work	
1	All support for the present manuscript (e.g., funding,	XNone		
	provision of study materials,			
medical writing, article				
	processing charges, etc.)			
	No time limit for this item.			
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		T: G	at 26 months	
2	Grants or contracts from	Time frame: pas	at 36 months	

in item #1 above).

Royalties or licenses

Consulting fees

__X__None

_X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
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	services		
13	Other financial or non-	X None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
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