Date: <u>Dec. 11<sup>th</sup>, 2023</u>	
Your Name: Sung-Chan Shin	
Manuscript Title: Normative Electromyography Data and Influencing Factors in Intraoperative Neuromonito	oring Using
Adhesive Skin Electrodes During Thyroid Surgery	
Manuscript number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	_None
	testimony	
7	Comment for attending	Name
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
	financial interests	

None.			

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

Date: <u>Dec. 11<sup>th</sup>, 2023</u>	
Your Name: Yong-Il Cheon	
Manuscript Title: Normative Electromyography Data and Influencing Factors in Intraoperative Neuromor	nitoring Using
Adhesive Skin Electrodes During Thyroid Surgery	
Manuscript number (if known):	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
,	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
Ĭ	testimony		
	•		
7	Support for attending meetings and/or travel	None	
	<b>3</b>		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

None.			

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

Date: <u>Dec. 11<sup>th</sup>, 2023</u>	
Your Name: Minhyung Lee	
Manuscript Title: Normative Electromyography Data and Influencing Factors in Intraoperative Ne	uromonitoring Using
Adhesive Skin Electrodes During Thyroid Surgery	
Manuscript number (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
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
,	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
Ĭ	testimony		
	•		
7	Support for attending meetings and/or travel	None	
	<b>3</b>		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

None.			

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

Date: Dec. 11 <sup>th</sup> , 2023	=
Your Name: Eui-Suk Sung	_
Manuscript Title: Normative Electromyography Data and Influencing Factors in Intraoperative Neuromo	nitoring Using
Adhesive Skin Electrodes During Thyroid Surgery	_
Manuscript number (if known):	- -

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
,	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
Ü	testimony		
	•		
7	Support for attending meetings and/or travel	None	
11100	<b>3</b>		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

None.			

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

Date: Dec. 11 <sup>th</sup> , 2023	_
Your Name: Jin-Choon Lee	_
Manuscript Title: Normative Electromyography Data and Influencing Factors in Intraoperative Neuromo	nitoring Using
Adhesive Skin Electrodes During Thyroid Surgery	_
Manuscript number (if known):	_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
,	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
Ü	testimony		
	•		
7	Support for attending meetings and/or travel	None	
11100	<b>3</b>		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

None.			

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

Date: <u>Dec. 11<sup>th</sup>, 2023</u>	
Your Name: Mijin Kim	
Manuscript Title: Normative Electromyography Data and Influencing Factors in Intraoperative Neuromon	nitoring Using
Adhesive Skin Electrodes During Thyroid Surgery	
Manuscript number (if known):	

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
,	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
0	testimony		
	•		
7	Support for attending meetings and/or travel	None	
11100	<b>3</b>		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

None.			

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

Date: <u>Dec. 11<sup>th</sup>, 2023</u>	=
Your Name: Bo Hyun Kim	_
Manuscript Title: Normative Electromyography Data and Influencing Factors in Intraoperative Neuromo	nitoring Using
Adhesive Skin Electrodes During Thyroid Surgery	_
Manuscript number (if known):	- -

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3	Royalties or licenses	None	
4	Consulting fees	None	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
Ĭ	testimony		
	•		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

None.			

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

Date: _	Dec. 11	<sup>th</sup> , 2023	
Your Na	me:	Byung-Joo Lee	
Manusc	ript Title:	Normative Electromyography Data and Influencing Factors in Intraoperative Neuromonitori	ng Using
<u>Adhesiv</u>	<u>re Skin Ele</u>	ectrodes During Thyroid Surgery	
Manusc	ript numb	per (if known):	

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	educational events		
6	Payment for expert	None	
Ĭ	testimony		
	•		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
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13	Other financial or non-	None	
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None.			

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