

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Claire

2. Surname (Last Name)  
Michael

3. Date  
08-July-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Rapid On-site Evaluation (ROSE) for Fine Needle Aspiration of Theyroid: Benefits, challenges and Innovative Solutions

6. Manuscript Identifying Number (if you know it)  
GS-2019-CATP-23

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Dr. Michael has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Kaori

2. Surname (Last Name)

Kameyama

3. Date

09-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Michael Claire

5. Manuscript Title

Rapid On-site Evaluation (ROSE) for Fine Needle Aspiration of Thyroid: Benefits, challenges and Innovative Solutions

6. Manuscript Identifying Number (if you know it)

GS-2019-CATP-23

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No

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Dr. Kameyama has nothing to disclose.

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1. Given Name (First Name)

Wataru

2. Surname (Last Name)

Kitagawa

3. Date

09-July-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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Nami

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Azar

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08-July-2020

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Corresponding Author's Name

Claire Michael, MD

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