

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1.	Identifying Inform	ation		
1. Given Name (Fii Yishen	rst Name)	2. Surname (Last Name) Zhao		3. Date 31-August-2020
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administrative support, etc.



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Sun 1



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1. Given Name (First Name) Hui	2. Surname (Last Name) Sun	3. Date 31-August-2020
4. Are you the corresponding author?	✓ Yes No	
<ul><li>5. Manuscript Title</li><li>Area under the waveform of electromyothyroid surgery</li><li>6. Manuscript Identifying Number (if you known to be a surgery)</li></ul>	ography for monitoring the external branches of the	superior laryngeal nerve during
	iow it)	
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Section 2. The Work Under Co	onsideration for Publication	
any aspect of the submitted work (including statistical analysis, etc.)?	ive payment or services from a third party (government, co y but not limited to grants, data monitoring board, study d	
Are there any relevant conflicts of interest	est?	
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of compensation) with entities as descri	in the table to indicate whether you have financial relibed in the instructions. Use one line for each entity; port relationships that were <b>present during the 36</b> pest? Yes Vo	add as many lines as you need by
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Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	x? ☐ Yes ✓ No

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Section 5.	
Section 5.	Relationships not covered above
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Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Sun has noth	ing to disclose.

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