

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kwangsoon	2. Surname (Last Name) Kim	3. Date 03-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ja Seong Bae
5. Manuscript Title Clinical and Pathologic Features for Predicting Malignancy in Thyroid Follicular Neoplasms		
6. Manuscript Identifying Number (if you know it) 		

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Section 1. Identifying Information

1. Given Name (First Name)
Chan Kwon

2. Surname (Last Name)
Jung

3. Date
03-September-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Ja Seong Bae

5. Manuscript Title
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Dr. Jung has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Dong-Jun

2. Surname (Last Name)
Lim

3. Date
03-September-2020

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name
Ja Seong Bae

5. Manuscript Title
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Ja Seong

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Bae

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