

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) Jing	2. Surname (Last Name) Xu	3. Date 10-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ping Wang
5. Manuscript Title Application of ultrasonic shear wave elastography and contrast-enhanced ultrasound in the differential diagnosis of patients with benign and malignant thyroid lesions		
6. Manuscript Identifying Number (if you know it) GS-20-819		

Section 2. The Work Under Consideration for Publication

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Dr. Xu has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)
Ping

2. Surname (Last Name)
Wang

3. Date
10-November-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Application of ultrasonic shear wave elastography and contrast-enhanced ultrasound in the differential diagnosis of patients with benign and malignant thyroid lesions

6. Manuscript Identifying Number (if you know it)
GS-20-819

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Dr. Wang has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)

Wensheng

2. Surname (Last Name)

Yue

3. Date

10-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ping Wang

5. Manuscript Title

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Yuqun

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Luo

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10-November-2020

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☐ Yes

☒ No

Corresponding Author's Name

Ping Wang

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Zukun

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Li

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10-November-2020

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Ping Wang

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