

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)

Won Woong

2. Surname (Last Name)

Kim

3. Date

28-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ki-Wook Chung

5. Manuscript Title

Selection of parathyroidectomy methods for primary hyperparathyroidism according to concordance between ultrasonography and MIBI scan results

6. Manuscript Identifying Number (if you know it)

GS-20-611-R1

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Dr. Kim 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) Yu-mi	2. Surname (Last Name) Lee	3. Date 28-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ki-Wook Chung
5. Manuscript Title Selection of parathyroidectomy methods for primary hyperparathyroidism according to concordance between ultrasonography and MIBI scan results		
6. Manuscript Identifying Number (if you know it) GS-20-611-R1		

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Dr. Lee has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Tae-Yon

2. Surname (Last Name)

Sung

3. Date

28-September-2020

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Yes No

Corresponding Author's Name

Ki-Wook Chung

5. Manuscript Title

Selection of parathyroidectomy methods for primary hyperparathyroidism according to concordance between ultrasonography and MIBI scan results

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1. Given Name (First Name)

Ki-Wook

2. Surname (Last Name)

Chung

3. Date

28-September-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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