

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Gang | 2. Surname (Last Name) Liu | 3. Date 25-October-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Xiequn Xu |
| 5. Manuscript Title Analysis of Primary and Secondary Squamous Cell Carcinoma of the Thyroid Gland: a cross-sectional study | | |
| 6. Manuscript Identifying Number (if you know it) GS-20-628 | | |

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Dr. Liu has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Xiequn

2. Surname (Last Name)

Xu

3. Date

25-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Analysis of Primary and Secondary Squamous Cell Carcinoma of the Thyroid Gland: a cross-sectional study

6. Manuscript Identifying Number (if you know it)

GS-20-628

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