

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) Xian-feng	2. Surname (Last Name) Wei	3. Date 29-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Li Li, Wei Wang
5. Manuscript Title Two cases of rare thyroid malignancy-case report		
6. Manuscript Identifying Number (if you know it) GS-20-601		

Section 2. The Work Under Consideration for Publication

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Dr. Wei has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Peng	2. Surname (Last Name) Lin	3. Date 30-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Li Li, Wei Wang
5. Manuscript Title Two cases of rare thyroid malignancy-case report		
6. Manuscript Identifying Number (if you know it) GS-20-601		

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Dr. Lin has nothing to disclose.

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1. Given Name (First Name) Sheng-chi	2. Surname (Last Name) Zhang	3. Date 30-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Li Li, Wei Wang
5. Manuscript Title Two cases of rare thyroid malignancy-case report		
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Li

2. Surname (Last Name)

Li

3. Date

30-September-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

GS-20-601

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2. Surname (Last Name)
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29-September-2020

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