

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)

Emir

2. Surname (Last Name)

Muzurović

3. Date

27-November-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Diagnosis and treatment of mediastinal ectopic thyroid tissue with normally located thyroid gland and primary hyperparathyroidism: a case report

6. Manuscript Identifying Number (if you know it)

GS-20-626

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Dr. Muzurović has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Brigita	2. Surname (Last Name) Smolović	3. Date 27-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emir Muzurović
5. Manuscript Title Diagnosis and treatment of mediastinal ectopic thyroid tissue with normally located thyroid gland and primary hyperparathyroidism: a case report		
6. Manuscript Identifying Number (if you know it) GS-20-626		

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Section 1. Identifying Information

1. Given Name (First Name) Mirjana	2. Surname (Last Name) Miladinović	3. Date 27-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emir Muzurović
5. Manuscript Title Diagnosis and treatment of mediastinal ectopic thyroid tissue with normally located thyroid gland and primary hyperparathyroidism: a case report		
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1. Given Name (First Name)

Damir

2. Surname (Last Name)

Muhović

3. Date

27-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Emir Muzurović

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