

## ICMJE DISCLOSURE FORM

Date: 2021. 4. 11

Your Name: Joon Ho

Manuscript Title: Unexpected remission of hyperparathyroidism caused by hemorrhage due to the use of fine-needle aspiration biopsy: Two cases report

Manuscript number (if known): GS-21-6-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

Date: 2021. 4. 11

Your Name: Donggyu Kim

Manuscript Title: Unexpected remission of hyperparathyroidism caused by hemorrhage due to the use of fine-needle aspiration biopsy: Two cases report

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Date: 2021. 4. 11

Your Name: Ji-eun Lee

Manuscript Title: Unexpected remission of hyperparathyroidism caused by hemorrhage due to the use of fine-needle aspiration biopsy: Two cases report

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Date: 2021. 4. 11

Your Name: Soonmin Choi

Manuscript Title: Unexpected remission of hyperparathyroidism caused by hemorrhage due to the use of fine-needle aspiration biopsy: Two cases report

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## ICMJE DISCLOSURE FORM

Date: 2021. 4. 11

Your Name: Hyeryeon Choi

Manuscript Title: Unexpected remission of hyperparathyroidism caused by hemorrhage due to the use of fine-needle aspiration biopsy: Two cases report

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Date: 2021. 4. 11

Your Name: Sunhyung Choi

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## ICMJE DISCLOSURE FORM

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Your Name: Jinkyong Kim

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Date: 2021. 4. 11

Your Name: Sang-Wook Kang

Manuscript Title: Unexpected remission of hyperparathyroidism caused by hemorrhage due to the use of fine-needle aspiration biopsy: A case report

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Your Name: Jandee Lee

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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Date: 2021. 4. 11

Your Name: Woong Youn Chung

Manuscript Title: Unexpected remission of hyperparathyroidism caused by hemorrhage due to the use of fine-needle aspiration biopsy: Two cases report

Manuscript number (if known): GS-21-6-CL

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