Da	te: <u>October 12th, 2021</u>					
	ur Name:Sopl	nie Bidault				
	Manuscript Title:Preoperative Ultrasound Mapping of the Vagus Nerve in Thyroid Surgery					
	nuscript number (if known)					
rel par to rel The ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, ationship/activity/interest, ationship questions apply inuscript only. The author's relationships/activity epidemiology of hypertedication, even if that medication, even if that medication.	manuscript. "Related" me e affected by the content of necessarily indicate a bias it is preferable that you do to the author's relationsh ivities/interests should be ension, you should declare cation is not mentioned in	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript perta all relationships with manufacturers of antihypertensiv	ins ve		
		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)			
		Time frame: Since the initia	l planning of the work			
1	All support for the present	X None				
1	manuscript (e.g., funding,	^NOTIE				
	provision of study materials,					
	medical writing, article					
	processing charges, etc.) No time limit for this item.					
	No time limit for this item.					
		Time frame: pas	: 36 months			
2	Grants or contracts from	XNone				
	any entity (if not indicated in item #1 above).					
3	Royalties or licenses	X None				

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Consulting fees

_X__None

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
0	testimony	XNone	
	testimony		
7	Support for attending	X None	
-	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11		xNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:
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	None.		

Date:	October 12th, 2021		
Your N	Name:Eliza		
Manu	script Title:Pred	perative Ultrasound Maj	pping of the Vagus Nerve in Thyroid Surgery
Manu	script number (if known)): _GS-21-580-CL	
relate partie to trar	d to the content of your s whose interests may b nsparency and does not	manuscript. "Related" me e affected by the content	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	ollowing questions apply script only.	to the author's relationsh	ips/activities/interests as they relate to the current
to the	epidemiology of hypert		e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	n #1 below, report all su ne frame for disclosure i	• •	ed in this manuscript without time limit. For all other item
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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Consulting fees

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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
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7	Support for attending	X None	
-	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11		xNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:
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	None.		

	e: <u>October 12th, 2021</u>		
	r Name:Mar		
Mai	nuscript Title:Preo	perative Ultrasound Map	oping of the Vagus Nerve in Thyroid Surgery
Maı	nuscript number (if known)): _GS-21-580-CL	
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	Grants or contracts from any entity (if not indicated	XNone	
	in item #1 above).		
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Consulting fees

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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
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6	educational events Payment for expert	X None	
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7	Support for attending	X None	
-	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11		xNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:
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	None.		

Date	e: October 12th, 2021		
You	r Name:Gab		
			oping of the Vagus Nerve in Thyroid Surgery
Man	uscript number (if known)): _GS-21-580-CL	
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		relationship or indicate	institution)
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	any entity (if not indicated		
	n item #1 above).	V Nove	
	Royalties or licenses	XNone	

Consulting fees

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
c	educational events Payment for expert	X None	
6	testimony	xNone	
	testimony		
7	Support for attending	X None	
-	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
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12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
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Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
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	e: <u>October 12th, 2021</u> I r Name: Joar	ine Cuerlain	
			pping of the Vagus Nerve in Thyroid Surgery
	nuscript number (if known		
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In t	he interest of transparency	v. we ask vou to disclose a	Il relationships/activities/interests listed below that are
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The	following questions apply	to the author's relationsh	nips/activities/interests as they relate to the current
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			e <u>defined broadly</u> . For example, if your manuscript pertain
		• •	e all relationships with manufacturers of antihypertensive
me	dication, even if that medic	cation is not mentioned in	the manuscript.
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		relationship or indicate	institution)
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	any entity (if not indicated in item #1 above).	XNone	st 36 months

Consulting fees

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
c	educational events Payment for expert	X None	
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7	Support for attending	X None	
-	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
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12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
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13	Other financial or non-	X None	
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Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
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Dat	e: <u>October 12th, 2021</u>							
You	r Name:Ingr							
			ping of the Vagus Nerve in Thyroid Surgery					
Maı	Manuscript number (if known): _GS-21-580-CL							
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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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		Time frame: past	t 36 months					
	Grants or contracts from any entity (if not indicated in item #1 above).	XNone						
3	Royalties or licenses	XNone						

Consulting fees

X__None

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
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7	Support for attending	X None	
-	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:
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	None.		

Date:	October 12th, 2021		
Your I	Name:Eric	Baudin	
		-	pping of the Vagus Nerve in Thyroid Surgery
Manu	script number (if known)): _GS-21-580-CL	
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Consulting fees

X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
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7	Support for attending	XNone	
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8	Patents planned, issued or	XNone	
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	Safety Monitoring Board or		
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10	Leadership or fiduciary role	XNone	
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11	Stock or stock options	XNone	
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Dat	e: October 12th, 2021		
	ır Name:Julie	n Hadoux	
Ма	nuscript Title:Preo	perative Ultrasound Maj	oping of the Vagus Nerve in Thyroid Surgery
Ma	nuscript number (if known)): _GS-21-580-CL	
In t	he interest of transparency	, we ask you to disclose a	I relationships/activities/interests listed below that are
rela	nted to the content of your	manuscript. "Related" me	ans any relation with for-profit or not-for-profit third
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		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
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Consulting fees

X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
0	testimony	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11		X None	
11	Stock or stock options	xNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
Ple	ease summarize the above c	onflict of interest in the fo	lowing box:
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	None.		

	e: <u>October 12th, 2021</u>		
	r Name:Car		
Mar	nuscript Title:Pre	operative Ultrasound Maj	pping of the Vagus Nerve in Thyroid Surgery
Mar	nuscript number (if knowr	n): _GS-21-580-CL	
In th	ne interest of transparenc	v. we ask you to disclose a	II relationships/activities/interests listed below that are
			eans any relation with for-profit or not-for-profit third
			of the manuscript. Disclosure represents a commitment
to tı	ransparency and does not	necessarily indicate a bias	s. If you are in doubt about whether to list a
rela	tionship/activity/interest	, it is preferable that you d	o so.
		y to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
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	time manie for disclosure	is the past so months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed)	
		Time frame: Since the initia	al planning of the work
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	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
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	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
	Royalties or licenses	XNone	
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Consulting fees

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony	XNOTIC	
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7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
į	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V Name	
11	Stock or stock options	XNone	
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	financial interests		
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rie	ase summanze the above to	omination interest in the 10	nowing box.
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Date:	October 12th, 2021		
Your Na	me:Livia	a Lamartina	
Manuscı	ript Title:Preo	perative Ultrasound Maj	oping of the Vagus Nerve in Thyroid Surgery
Manuscı	ript number (if known)	: _GS-21-580-CL	
related t parties v to trans _l	to the content of your whose interests may be parency and does not r	manuscript. "Related" me e affected by the content	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
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	ts or contracts from	XNone	
any e	entity (if not indicated		
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	m #1 above).		
	lties or licenses	XNone	
		XNone	

Consulting fees

X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony	XNOTIC	
	,		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
İ	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
į	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V Name	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI.	ease summarize the above o	anflict of intoract in the fal	llowing hove
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	None.		

Da	te: <u>October 12th, 2021</u>		
Yo	ur Name:Dan	a M. Hartl	
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	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
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	services		
13	Other financial or non-	XNone	
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