

ICMJE DISCLOSURE FORM

Date: 2021-12-27

Your Name: Ping Shi

Manuscript Title: Clinicopathological features and prognosis of papillary thyroid cancer patients with type 2 diabetes mellitus

Manuscript number (if known): _____

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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The author has no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021-12-27

Your Name: Lan Zhang

Manuscript Title: Clinicopathological features and prognosis of papillary thyroid cancer patients with type 2 diabetes mellitus

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-12-27

Your Name: Yan Liu

Manuscript Title: Clinicopathological features and prognosis of papillary thyroid cancer patients with type 2 diabetes mellitus

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-12-27

Your Name: Fei Yang

Manuscript Title: Clinicopathological features and prognosis of papillary thyroid cancer patients with type 2 diabetes mellitus

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Date: 2021-12-27

Your Name: Kai Fu

Manuscript Title: Clinicopathological features and prognosis of papillary thyroid cancer patients with type 2 diabetes mellitus

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Date: 2021-12-27

Your Name: Ruicong Li

Manuscript Title: Clinicopathological features and prognosis of papillary thyroid cancer patients with type 2 diabetes mellitus

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Your Name: Yanzhao Wu

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