Date:_____January. 25th, 2021____ Your Name:___Peichun He__ Manuscript Title:_____The diagnostic value of blood cell-derived indexes in subacute thyroiditis patients with thyrotoxicosis: a retrospective study ____ Manuscript number (if known):_____ATM-22-719_____

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
Ŭ	testimony		
	testimony		
7	Compared from other allows	V. Nove	
7	Support for attending meetings and/or travel	XNone	
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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	X None	
12	Dessint of any invest	V. Norse	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____January. 25th, 2021____ Your Name:___Haiyan Yang__ Manuscript Title:_____The diagnostic value of blood cell-derived indexes in subacute thyroiditis patients with thyrotoxicosis: a retrospective study ____ Manuscript number (if known):_____ATM-22-719_____

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	XNone	
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	Advisory Board		
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	in other board, society,		
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11	Stock or stock options	X None	
12	Dessint of any invest	V. Norse	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____January. 25th, 2021____ Your Name:___Qingsun Lai__ Manuscript Title:_____The diagnostic value of blood cell-derived indexes in subacute thyroiditis patients with thyrotoxicosis: a retrospective study ____ Manuscript number (if known):_____ATM-22-719_____

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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6	Payment for expert	X None	
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7	Compared from other allows	V. Nove	
7	Support for attending meetings and/or travel	XNone	
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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,		
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	group, paid or unpaid		
11	Stock or stock options	X None	
12	Dessint of any invest	V. Norse	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____January. 25th, 2021____ Your Name:___Yaqi Kuang__ Manuscript Title:_____The diagnostic value of blood cell-derived indexes in subacute thyroiditis patients with thyrotoxicosis: a retrospective study ____ Manuscript number (if known):_____ATM-22-719_____

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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
Ŭ	testimony		
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7	Compared from other allows	V. Nove	
7	Support for attending meetings and/or travel	XNone	
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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	X None	
12	Dessint of any invest	V. Norse	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____January. 25th, 2021____ Your Name:___Zhenxing Huang__ Manuscript Title:_____The diagnostic value of blood cell-derived indexes in subacute thyroiditis patients with thyrotoxicosis: a retrospective study ____ Manuscript number (if known):_____ATM-22-719_____

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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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
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	educational events		
6	Payment for expert	X None	
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7	Compared from other allows	V. Nove	
7	Support for attending meetings and/or travel	XNone	
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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	
	in other board, society,		
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11	Stock or stock options	X None	
12	Dessint of any invest	V. Norse	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____January. 25th, 2021____ Your Name:____Xinghuan Liang___ Manuscript Title:_____The diagnostic value of blood cell-derived indexes in subacute thyroiditis patients with thyrotoxicosis: a retrospective study _____ Manuscript number (if known):_____ATM-22-719______

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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Ŭ	testimony		
	testimony		
7	Compared from other allows	V. Nove	
7	Support for attending meetings and/or travel	XNone	
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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		
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11	Stock or stock options	X None	
12	Dessint of any invest	V. Norse	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____January. 25th, 2021____ Your Name:___Hong Huang__ Manuscript Title:_____The diagnostic value of blood cell-derived indexes in subacute thyroiditis patients with thyrotoxicosis: a retrospective study ____ Manuscript number (if known):_____ATM-22-719_____

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4	Consulting fees	XNone	

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9 Participation on a Data X None
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Safety Monitoring Board or
Advisory Board
10 Leadership or fiduciary roleX_None
in other board, society,
committee or advocacy
group, paid or unpaid
11 Stock or stock options _X_None
12 Descint of equipment V Mana
12 Receipt of equipment,X_None
materials, drugs, medical
writing, gifts or other
services
services 13 Other financial or non- X_None

None.

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

Date:_____January. 25th, 2021____ Your Name:___Yingfen Qin__ Manuscript Title:_____The diagnostic value of blood cell-derived indexes in subacute thyroiditis patients with thyrotoxicosis: a retrospective study ____ Manuscript number (if known):_____ATM-22-719_____

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7 Support for attending meetings and/or travel XNone 8 Patents planned, issued or pending XNone
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None.

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

Date:_____January. 25th, 2021____ Your Name:___Zuojie Luo__ Manuscript Title:_____The diagnostic value of blood cell-derived indexes in subacute thyroiditis patients with thyrotoxicosis: a retrospective study ____ Manuscript number (if known):_____ATM-22-719_____

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6 Payment for expert testimony XNone 7 Support for attending meetings and/or travel XNone 8 Patents planned, issued or pending XNone
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