

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)

Allen

2. Surname (Last Name)

Young

3. Date

26-September-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Surgical Video on the Sternotomy-Sparing Medial Approach Thyroidectomy for a Substernal Multinodular Goiter Case Report.

6. Manuscript Identifying Number (if you know it)

JOVS-20-160

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Are there any relevant conflicts of interest? Yes No

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Dr. Young has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Harry	2. Surname (Last Name) Ching	3. Date 26-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Allen Young
5. Manuscript Title Surgical Video on the Sternotomy-Sparing Medial Approach Thyroidectomy for a Substernal Multinodular Goiter Case Report.		
6. Manuscript Identifying Number (if you know it) JOVS-20-160		

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Identifying Information

1. Given Name (First Name)

Sabrina

2. Surname (Last Name)

Ho

3. Date

26-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Allen Young

5. Manuscript Title

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