Date:\_\_\_\_Nov.30th,2022\_\_\_

Your Name:\_\_\_\_\_ Chenghui Lu\_\_

**Manuscript Title:** \_Coexistence of parathyroid adenoma, autonomous functioning thyroid nodule and papillary thyroid carcinoma: a case description\_\_

Manuscript number (if known):\_\_\_\_QIMS-22-847\_\_\_

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
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	XNone	
	testimony		
7		N N	
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	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Dessint of any ingrant	V. News	
12	Receipt of equipment, materials, drugs, medical	XNone	
	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:\_\_\_\_Nov.30<sup>th</sup>,2022\_\_\_

Your Name:\_\_\_\_\_Na Han\_\_\_

**Manuscript Title:** \_Coexistence of parathyroid adenoma, autonomous functioning thyroid nodule and papillary thyroid carcinoma: a case description\_\_

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	services		
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None.

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Date:\_\_\_\_Nov.30<sup>th</sup>,2022\_\_\_\_

Your Name:\_\_\_\_\_Shasha Hu\_\_

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Date:\_\_\_\_Nov.30<sup>th</sup>,2022\_\_\_

Your Name:\_\_\_\_\_Bin Liu\_\_\_

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12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
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13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:\_\_\_\_Nov.30<sup>th</sup>,2022\_\_\_

Your Name:\_\_\_\_\_Renming Tang\_\_

**Manuscript Title:** \_Coexistence of parathyroid adenoma, autonomous functioning thyroid nodule and papillary thyroid carcinoma: a case description\_\_

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Date:\_\_\_\_Nov.30<sup>th</sup>,2022\_\_\_\_

Your Name:\_\_\_\_\_Xufu Wang\_\_\_

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