Date: Dec 20th, 2022 Your Name: Zi-wen Yan

Manuscript Title: Prevalence of incidental thyroid abnormalities in patients with degenerative cervical

spondylosis: a retrospective cross-sectional MRI study

Manuscript number (if known): QIMS-22-484

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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)
	Ti	me frame: Since the initia	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.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from	XNone	-

	any entity (if not indicated in item #1 above).	
3	Royalties or licenses	XNone
4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_None
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

Please	Please summarize the above conflict of interest in the following box:					

X 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: Dec 20th, 2022 Your Name: Dong-ya Li

Manuscript Title: Prevalence of incidental thyroid abnormalities in patients with degenerative cervical

spondylosis: a retrospective cross-sectional MRI study

Manuscript number (if known): QIMS-22-484

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Time frame: Since the initial planning of the work			l planning of the work
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	study materials, medical writing, article processing charges, etc.) No time limit for this item.		
		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	
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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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

Ple	Please summarize the above conflict of interest in the following box:				
Ple	ease place an "X" next to	o the following stateme	nt to indicate your agreement:		
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		ICIVIO	E DISCLOSURE FORIN		
	te: Dec 20 th , 2022				
	ur Name: Wang-yi Jin	ce of incidental thyroid	abnormalities in patients with degenerative cervical		
	ondylosis: a retrospectiv		•		
	anuscript number (if kno				
		ncy, we ask you to disc	lose all relationships/activities/interests listed below		
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-	rties whose interests ma mmitment	ay be affected by the co	ntent of the manuscript. Disclosure represents a		
	transparency and does a ationship/activity/intere	_	a bias. If you are in doubt about whether to list a ou do so.		
<u>cu</u>	The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.				
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ln	item #1 below. report all	support for the work re	eported in this manuscript without time limit. For all		
	ner items,		, p =		
the	e time frame for disclosu	re is the past 36 month	S.		
		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 needed)	institution)
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3	Royalties or licenses	X_None	
4	Consulting fees	X_None	
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5	Payment or honoraria for	X None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board		
10	or Advisory Board Leadership or fiduciary	X None	
	role in other board, society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	XNone	

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

Please s	Please summarize the above conflict of interest in the following box:					

X 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: Dec 20th, 2022

Your Name: Chao-ran Huang

Manuscript Title: Prevalence of incidental thyroid abnormalities in patients with degenerative cervical

spondylosis: a retrospective cross-sectional MRI study

Manuscript number (if known): QIMS-22-484

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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		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	X_None	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	XNone	
	or policing		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
Please summarize the above conflict of interest in the following box:					
Di	wlass on "V" word t	o the following statement to indicate your agreement:			

Date: Dec 20th, 2022 Your Name: Sheng Pan

questions on this form.

Manuscript Title: Prevalence of incidental thyroid abnormalities in patients with degenerative cervical

X I certify that I have answered every question and have not altered the wording of any of the

spondylosis: a retrospective cross-sectional MRI study

Manuscript number (if known): QIMS-22-484

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	

8	Patents planned, issued	X_None				
	or pending					
9	Participation on a Data	X None				
3	Safety Monitoring Board					
	or Advisory Board					
10	Leadership or fiduciary role in other board,	XNone				
	society, committee or					
	advocacy group, paid or unpaid					
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				
13	financial interests	A_INOTIE				
Please summarize the above conflict of interest in the following box:						
Please place an "X" next to the following statement to indicate your agreement: _X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.						

Date: Dec 20th, 2022 Your Name: Da-lin Peng

Manuscript Title: Prevalence of incidental thyroid abnormalities in patients with degenerative cervical

spondylosis: a retrospective cross-sectional MRI study

Manuscript number (if known): QIMS-22-484

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		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 lectures, presentations, speakers bureaus, manuscript writing or	XNone	

	educational events	
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	X_None
Ple	ease place an "X" next to	ve conflict of interest in the following box: the following statement to indicate your agreement: asswered every question and have not altered the wording of any of the
	estions on this form.	in the state of th

Date: Dec 20th, 2022 Your Name: Xing-chen Zhang

Manuscript Title: Prevalence of incidental thyroid abnormalities in patients with degenerative cervical spondylosis: a retrospective cross-sectional MRI study

Manuscript number (if known): QIMS-22-484

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		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	X_None	

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5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	X None	
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10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	X_None	
	financial interests		
			
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	X_ I certify that I have answered every question and have not altered the wording of any of the uestions on this form. ICMJE DISCLOSURE FORM					
Yo Ma spe	te: Dec 20 th , 2022 ur Name: Yong Pang anuscript Title: Prevalend ondylosis: a retrospectiv anuscript number (if know	e cross-sectional MRI	abnormalities in patients with degenerative cerv study	<i>r</i> ical		
tha rela thin par cor to	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	X_None
4	Consulting fees	X_None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
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form.

ICMJE DISCLOSURE FORM

Date: Dec 20th, 2022 Your Name: Kai-jin Guo

Manuscript Title: Prevalence of incidental thyroid abnormalities in patients with degenerative cervical

spondylosis: a retrospective cross-sectional MRI study

Manuscript number (if known): QIMS-22-484

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1	All support for the	XNone	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
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3	Royalties or licenses	X_None	
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5	Payment or honoraria for	X_None	
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	educational events		
6	Payment for expert	X_None	
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7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
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	society, 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		
	services		
13	Other financial or non-	X_None	

Ple	ease summarize the abo	ve conflict of interest ir	n the following box:	

 $_X_$ 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: Dec 20th, 2022 Your Name: Xin Zheng

financial interests

Manuscript Title: Prevalence of incidental thyroid abnormalities in patients with degenerative cervical

spondylosis: a retrospective cross-sectional MRI study

Manuscript number (if known): QIMS-22-484

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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary	X None	
'0	role in other board,		
	society, committee or advocacy group, paid or unpaid		

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