

ICMJE DISCLOSURE FORM

Date: Mar.7th,2023
 Your Name: Xinlong Shi
 Manuscript Title: Qualitative and Quantitative Superb Vascular Imaging in the Diagnosis of Chinese Thyroid Imaging Reporting and Data System (C-TIRADS) 4 Thyroid Nodules ≤10mm
 Manuscript number (if known): QIMS-22-1193-R2

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	<u>None</u>	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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Date: Mar. 7th, 2023

Your Name: Ruifeng Liu

Manuscript Title: Qualitative and Quantitative Superb Vascular Imaging in the Diagnosis of Chinese Thyroid Imaging Reporting and Data System (C-TIRADS) 4 Thyroid Nodules ≤10mm

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Date: May.7th,2023

Your Name: Yu Xia

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Date: May.7th,2023
 Your Name: Luying Gao
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Date: May.18th,2023
 Your Name: Wa Da
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Date: May.7th,2023

Your Name: Xiaoyi Li

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Date: May.7th,2023
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
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ICMJE DISCLOSURE FORM

Date: May.7th,2023

Your Name: Aonan Pan

Manuscript Title: Qualitative and Quantitative Superb Vascular Imaging in the Diagnosis of Chinese Thyroid Imaging Reporting and Data System (C-TIRADS) 4 Thyroid Nodules ≤10mm

Manuscript number (if known): QIMS-22-1193-R2

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ICMJE DISCLOSURE FORM

Date: May.7th,2023

Your Name: Yuxin Jiang

Manuscript Title: Qualitative and Quantitative Superb Vascular Imaging in the Diagnosis of Chinese Thyroid Imaging Reporting and Data System (C-TIRADS) 4 Thyroid Nodules ≤10mm

Manuscript number (if known): QIMS-22-1193-R2

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