ate:August.2 <sup>nd</sup> , 2023
our Name:Yushuang He
Manuscript Title: Predicting Recurrent Laryngeal Nerve Invasion by Preoperative ultrasonography in
atients
vith Thyroid carcinoma
Manuscript number (if known):QIMS-23-332

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

the time frame for disclosure is the past 36 months.

		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 any entity (if not indicated	XNone	

	in item #1 above).		
3	Royalties or licenses	XNone	
		Y N	
4	Consulting fees	XNone	
5	Payment or honoraria for	X_None	
	lectures, presentations,	XNONC	
	speakers bureaus,		
	manuscript writing or		
	educational events	V No.	
6	Payment for expert testimony	XNone	
	lestimony		
7	Support for attending	XNone	
	meetings and for travel		
8	Patents planned, issued	XNone	
	or pending		
0		\/ NI	
9	Participation on a Data Safety Monitoring Board	XNone	
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	XNone	
11	3 tock of Stock options	^_NONE	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
10	Services Other financial or non-	V None	
13	financial interests	XNone	

1	None.				

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. ICMJE DISCLOSURE FORM Date: August.2<sup>nd</sup>, 2023 Your Name: Yujia Yang Manuscript Title: Predicting Recurrent Laryngeal Nerve Invasion by Preoperative ultrasonography in Patients with Thyroid carcinoma.\_\_\_\_\_ Manuscript number (if known): QIMS-23-332 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 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. The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript 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. the time frame for disclosure is the past 36 months. Name all entities with Specifications/Comments (e.g., if payments were made to you or to your whom you have this relationship or indicate institution) none (add rows as needed) Time frame: Since the initial planning of the work

All support for the

present manuscript (e.g., funding, provision of

X None

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

Please summarize the above conflict of interest in the following box:
None.
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.

<u> </u>	A and occo				
	:August.2 <sup>nd</sup> , 2023				
	Your Name:Wen_Wen				
	uscript Title: Predicting Recurrent Laryngeal Nerve Invasion by Preoperative ultrasonography in				
	ents				
Wi1	Thyroid carcinomaQIMS-23-332				
Ma	uscript number (if known):QIMS-23-332				
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CUI	following questions apply to the author's relationships/activities/interests as they relate to the ent ent uscript only.				
	author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript ains				
to	e epidemiology of hypertension, you should declare all relationships with manufacturers of hypertensive medication, even if that medication is not mentioned in the manuscript.				
oth	em #1 below, report all support for the work reported in this manuscript without time limit. For all ritems,				
иıє	ime frame for disclosure is the past 36 months.				
	Name all entities with Specifications/Comments				
	whom you have this (e.g., if payments were made to you or to your				

		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	l 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 any entity (if not indicated	X_None	

	in item #1 above).		
3	Royalties or licenses	XNone	
		Y N	
4	Consulting fees	XNone	
5	Payment or honoraria for	X_None	
	lectures, presentations,	XNONC	
	speakers bureaus,		
	manuscript writing or		
	educational events	V No.	
6	Payment for expert testimony	XNone	
	lestimony		
7	Support for attending	XNone	
	meetings and for travel		
8	Patents planned, issued	XNone	
	or pending		
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9	Participation on a Data Safety Monitoring Board	XNone	
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	XNone	
11	3 tock of Stock options	^_NONE	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
10	Services Other financial or non-	V None	
13	financial interests	XNone	

1	None.				

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X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:August.2 <sup>nd</sup> , 2023
Your Name:Li Qiu
Manuscript Title: Predicting Recurrent Laryngeal Nerve Invasion by Preoperative ultrasonography in Patients with Thyroid carcinoma Manuscript number (if known):QIMS-23-332
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	T	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)
		me frame: Since the initial	pranning of the work
1	All support for the	X_None	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time from a pact	24 months
		Time frame: past	. 30 1110111115
2	Grants or contracts from	XNone	
	any entity (if not indicated		

	in item #1 above).		
3	Royalties or licenses	XNone	
		Y N	
4	Consulting fees	XNone	
5	Payment or honoraria for	X_None	
	lectures, presentations,	XNONC	
	speakers bureaus,		
	manuscript writing or		
	educational events	V No.	
6	Payment for expert testimony	XNone	
	lestimony		
7	Support for attending	XNone	
	meetings and for travel		
8	Patents planned, issued	XNone	
	or pending		
0		\/ NI	
9	Participation on a Data Safety Monitoring Board	XNone	
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	XNone	
11	3 tock of Stock options	^_NONE	
12	2 Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
10	Services Other financial or non-	V None	
13	financial interests	XNone	
	manda mado		

1	None.				

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υa	te:August.2 <sup>nd</sup> ,2023 ur Name: Z hihui Li								
Ma	Manuscript Title: Predicting Recurrent Laryngeal Nerve Invasion by Preoperative ultrasonography in Patients								
Ma	vith Thyroid carcinomaQIMS-23-332								
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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
	T-1	needed) me frame: Since the initia	planning of the work
		me name. Since the initial	planning of the work
1	All support for the	X_None	
	present manuscript (e.g.,		
	funding, provision of		
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	Ttom.		
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	lectures, presentations,	XNONC	
	speakers bureaus,		
	manuscript writing or		
	educational events	V No.	
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	lestimony		
7	Support for attending	XNone	
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	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
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	advocacy group, paid or		
11	unpaid Stock or stock options	XNone	
11	3 tock of Stock options	^_NONE	
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	writing, gifts or other		
10	Services Other financial or non-	V None	
13	financial interests	XNone	
	manda mado		

1	None.				

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Date:August.2 <sup>nd</sup> , 202	3
Your Name: Jianyong	, Lei
Manuscript Title: Pred	icting Recurrent Laryngeal Nerve Invasion by Preoperative ultrasonography in
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	nown):QIMS-23-332
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	in item #1 above).		
3	Royalties or licenses	XNone	
		Y N	
4	Consulting fees	XNone	
5	Payment or honoraria for	X_None	
	lectures, presentations,	XNONC	
	speakers bureaus,		
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10	Leadership or fiduciary	XNone	
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