

ICMJE DISCLOSURE FORM

Date: 9/9/2023

Your Name: Na Han

Manuscript Title: Even Minimal Pericardial Effusion on ¹³¹I Whole-body Scan Could Be a False-Positive Finding

Manuscript number (if known): _____

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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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)
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:

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

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Date: 9/9/2023

Your Name: Yingying Zhang

Manuscript Title: Even Minimal Pericardial Effusion on ¹³¹I Whole-body Scan Could Be a False-Positive Finding

Manuscript number (if known): _____

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Date: 9/9/2023

Your Name: Zengmei Si

Manuscript Title: Even Minimal Pericardial Effusion on ¹³¹I Whole-body Scan Could Be a False-Positive Finding

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Date: 9/9/2023

Your Name: Guoqiang Wang

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Date: 9/9/2023

Your Name: Chenghui Lu

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Your Name: Xufu Wang

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