Da	te: Feb 3, 2024			
Yo	ur Name: Yushan Li			
			hyroid adenoma in the carotid sheath with intraoperative	
				
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In t	the interest of transparency	v. we ask vou to disclose al	Il relationships/activities/interests listed below that are	
	•	•	eans any relation with for-profit or not-for-profit third	
	•	•	of the manuscript. Disclosure represents a commitment	
-	·		. If you are in doubt about whether to list a	
	ationship/activity/interest,	•	•	
	acionsinp, activity, interest,	it is preferable that you us	0.00.	
The to me	nuscript only. e author's relationships/act the epidemiology of hyperto	ivities/interests should be ension, you should declare cation is not mentioned in pport for the work reporte	ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other	
	time traine for disclosure i	Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as	·	
		needed)		
		Time frame: Since the initia	al planning of the work	
	All support for the present	X None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
No time limit for this item.				
		T:	126 months	
		Time frame: pas	t 36 months	
	Grants or contracts from	XNone		
	any entity (if not indicated			
	in item #1 above).			

3

Royalties or licenses

_None

	a 6		
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
J	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	XNone	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or	XNone	
	non-financial interests		
Г	ease summarize the above co	onflict of interest in the fo	llowing 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.				

Dat	e: Feb 3, 2024			
	ır Name:Yae Xue			
		• •	hyroid adenoma in the carotid sheath with intraoperative	
Ma	nuscript number (if known)	:QIMS-23-1506-R1		
rela par to t	ated to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to t	•	ension, you should declare	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.	
iter	• •		ed in this manuscript without time limit. For all other	
		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)	
		Time frame: Since the initia	al planning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials,	XNone		
medical writing, article processing charges, etc.) No time limit for this item.				
		Time frame: pas	t 36 months	
	Grants or contracts from any entity (if not indicated	XNone		

	in item #1 above).				
3	Royalties or licenses	X None			
	,				
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	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
•					
9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	V. Nana			
10	in other board, society,	XNone			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or	XNone			
	non-financial interests				
Ple	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.				

Date: Feb 3, 2024				
Your Name:Yanwu Yao	0			
Manuscript Title:Microwav	e ablation of ectopic parat	thyroid adenoma in the carotid sheath with intraoperative		
parathyroid hormone monito	ring: A case description			
Manuscript number (if knowr	n):QIMS-23-1506-R1			
related to the content of your parties whose interests may be	r manuscript. "Related" mo be affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.		
The following questions apply manuscript only.	y to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>		
to the epidemiology of hyperi medication, even if that medi	tension, you should declar cation is not mentioned in	e <u>defined broadly</u> . For example, if your manuscript pertain re all relationships with manufacturers of antihypertensive in the manuscript. red in this manuscript without time limit. For all other		
the time 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		
	relationship or indicate	institution)		
	none (add rows as	Institution,		
	needed)			
	Time frame: Since the initi	al planning of the work		
All support for the present	X None			
manuscript (e.g., funding,				
provision of study materials,				
medical writing, article				
processing charges, etc.)				
No time limit for this item.				
ivo time minit for this item.				
	Time frame: pas	st 36 months		
Grants or contracts from	XNone			
any entity (if not indicated	i			

	in item #1 above).				
3	Royalties or licenses	X None			
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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	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
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9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	V. Nana			
10	in other board, society,	XNone			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or	XNone			
	non-financial interests				
Ple	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.				

Da	te: Feb 3, 2024			
	ur Name: Li Liang			
			hyroid adenoma in the carotid sheath with intraoperative	
		• •	<i>,</i>	
In 1	the interest of transparency	, we ask you to disclose al	Il relationships/activities/interests listed below that are	
rel	ated to the content of your	manuscript. "Related" me	ans any relation with for-profit or not-for-profit third	
pa	rties whose interests may be	e 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	
rel	ationship/activity/interest,	it is preferable that you do	0 SO.	
	e following questions apply	to the author's relationsh	ips/activities/interests as they relate to the current	
In i	edication, even if that medic item #1 below, report all su ms, e time frame for disclosure i	pport for the work reporte	the manuscript. ed in this manuscript without time limit. For all other Specifications/Comments (e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	al planning of the work	
	All support for the present	XNone		
	manuscript (e.g., funding,			
provision of study materials, medical writing, article				
	No time limit for this item.			
		Time frame: pas	t 36 months	
<u> </u>	Grants or contracts from	XNone		

any entity (if not indicated

	in item #1 above).							
3	Royalties or licenses	X None						
	,							
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							
_	C							
7	Support for attending	XNone						
	meetings and/or travel							
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						
	in other board, society,							
	committee or advocacy							
	group, paid or unpaid							
11	Stock or stock options	XNone						
12	Receipt of equipment,	XNone						
	materials, drugs, medical							
	writing, gifts or other							
12	services Other financial or	V Nege						
13	non-financial interests	XNone						
	non-inianciai interests							
Ple	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.					

Da	te: Feb 3, 2024								
Ma	anuscript Title:Microwave	ablation of ectopic parath	yroid adenoma in the carotid sheath with intraoperative						
pa	rathyroid hormone monitor	ing: A case description							
Ma	anuscript number (if known)):QIMS-23-1506-R1							
ln [.]	the interest of transparency	we ask you to disclose all	relationships/activities/interests listed below that are						
	•	·	ans 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						
rel	ationship/activity/interest,	it is preferable that you do) so.						
	•	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>						
ma	anuscript only.								
Th	e author's relationships/act	ivities/interests should be	defined broadly. For example, if your manuscript pertains						
	•								
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 su	pport for the work reporte	d in this manuscript without time limit. For all other						
	ms,								
the	e time frame for disclosure i	s 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						
		relationship or indicate	institution)						
		none (add rows as							
		needed)							
		Time frame: Since the initia	planning of the work						
1	All support for the present	XNone							
	manuscript (e.g., funding,								
	provision of study materials,								
	medical writing, article								
	processing charges, etc.)								
	No time limit for this item.								
		Time frame: past	36 months						
2	Grants or contracts from	XNone							

_X__None

any entity (if not indicated

	in item #1 above).							
3	Royalties or licenses	X None						
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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							
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7	Support for attending	XNone						
	meetings and/or travel							
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						
	in other board, society,							
	committee or advocacy							
	group, paid or unpaid							
11	Stock or stock options	XNone						
12	Receipt of equipment,	XNone						
	materials, drugs, medical							
	writing, gifts or other							
12	services Other financial or	V Nege						
13	non-financial interests	XNone						
	non-inianciai interests							
Ple	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.					

Da	te: Feb 3, 2024		
You	ır Name: Jinhui Xie		
			hyroid adenoma in the carotid sheath with intraoperative
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rela par to 1	ated to the content of your ties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current
me In i ite	dication, even if that medic	cation is not mentioned in	e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	l planning of the work
	All support for the present	XNone	
	manuscript (e.g., funding,		
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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
	Grants or contracts from	XNone	

any entity (if not indicated

	in item #1 above).							
3	Royalties or licenses	X None						
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4	Consulting fees	XNone						
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	lectures, presentations,							
	speakers bureaus,							
	manuscript writing or							
	educational events							
6	Payment for expert	XNone						
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7	Support for attending	XNone						
	meetings and/or travel							
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						
	in other board, society,							
	committee or advocacy							
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11	Stock or stock options	XNone						
12	Receipt of equipment,	XNone						
	materials, drugs, medical							
	writing, gifts or other							
12	services Other financial or	V Nene						
13	non-financial interests	XNone						
	non-inianciai interests							
Ple	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:

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