| Date:May. 24 th , 2022 |
|--|
| Your Name:Na Han |
| Manuscript Title: Unexpected false positive uptake of ¹³¹ I on Right Eye in a Patient with Differentiated Thyroid |
| Cancer: a case description |
| Manuscript number (if known):_QIMS-22-247-R1 |
| |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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 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) |
|---|---|--|---|
| | | Time frame: Since the initial | 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. | XNone | |
| | | 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 | |

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| | | | |
| 5 | Payment or honoraria for | X None | |
| , | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | 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 | |
| 10 | in other board, society, | X | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 42 | | V. NI | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
| | | | |
| Ple | ease summarize the above c | onflict of interest in the f | ollowing box: |
| 1 | | | |

| None. | | | |
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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:May. 24 th , 2022 |
|--|
| Your Name:Yingying Zhang |
| Manuscript Title: Unexpected false positive uptake of ¹³¹ I on Right Eye in a Patient with Differentiated Thyroid |
| Cancer: a case description |
| Manuscript number (if known):_QIMS-22-247-R1 |

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| 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 meetings and/or travel | XNone | |
| | | | |
| | | | |
| 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 | |
| | 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 | |
| | financial interests | | |
| | | | |
| Г | ease summarize the above c | onflict of interest in the fol | lowing 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:May. 24th, 2022 Your Name:Zengmei Si Manuscript Title: Unexpected false positive uptake of ^{13t} I on Right Eye in a Patient with Differentiated Thyroid Cancer: a case description Manuscript number (if known): _QIMS-22-247-R1 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. The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only. The author's relationships/activities/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 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) Name all entities with institution) Time frame: Since the initial planning of the work | | | | |
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| 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) | to the epidemiology of hyp | · • | | |
| whom you have this relationship or indicate none (add rows as needed) (e.g., if payments were made to you or to your institution) | other items, | | | or all |
| relationship or indicate institution) none (add rows as needed) | | Name all entities with | Specifications/Comments |] |
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Time frame: past 36 months

__X_None

X_None

All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing

charges, etc.)

item.

No time limit for this

Grants or contracts from

| | any entity (if not indicated in item #1 above). | | |
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| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | _X_None | |
| E | Doument or henerorie for | V. None | |
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| 7 | Support for attending meetings and/or travel | _X_None | |
| | | | |
| 8 | Patents planned, issued | XNone | |
| | or pending | | |
| 9 | Participation on a Data Safety Monitoring Board | XNone | |
| 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 | X_None | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical writing, gifts or other services | | |
| 13 | Other financial or non- financial interests | XNone | |
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Please summarize the above conflict of interest in the following box:

| None. | ĺ |
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| Date:May. 24 th , 2022_ Your Name:Xufu Wang_ Manuscript Title: Une Differentiated Thyroid Can Manuscript number (if known | xpected false positive ι cer: a case description | | |
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| that are | | lose all relationships/activities/interests listed d" means any relation with for-profit or not-for | |
| third parties whose interests macommitment | ay be affected by the co | ntent of the manuscript. Disclosure represent | s a |
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| pertains to the epidemiology of hyp | ertension, you should d | uld be <u>defined broadly</u> . For example, if your madeclare all relationships with manufacturers of | anuscript |
| • | support for the work re | on is not mentioned in the manuscript. eported in this manuscript without time limit. I | For all |
| T-1 | Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) | |

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| | role in other board, society, committee or advocacy group, paid or unpaid | | |
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| | | | |
| 12 | Receipt of equipment, | X_None | |
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| 13 | Other financial or non- financial interests | XNone | |
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