

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maolin	2. Surname (Last Name) Zhang	3. Date 14-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ping Wang
5. Manuscript Title Surgical anatomy for transoral endoscopic thyroid surgery through vestibular approach (TOETVA)		
6. Manuscript Identifying Number (if you know it) AOT-17-31		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Zhang has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Qiuping	2. Surname (Last Name) Xie	3. Date 14-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ping Wang
5. Manuscript Title Surgical anatomy for transoral endoscopic thyroid surgery through vestibular approach (TOETVA)		
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Dr. Xie has nothing to disclose.

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1. Given Name (First Name) Yong	2. Surname (Last Name) Wang	3. Date 14-November-2017
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Ping

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Wang

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