

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Tian 1



| Section 1. Identifying Inform | nation | | | |
|--|---|----------------------------------|--|--|
| 1. Given Name (First Name) Wen | 2. Surname (Last Name) Tian | 3. Date 30-December-2017 | | |
| 4. Are you the corresponding author? | Are you the corresponding author? | | | |
| 5. Manuscript Title Future directions of transoral endoscop | oic thyroidectomy vestibular approach | | | |
| 6. Manuscript Identifying Number (if you ki AOT-18-5 | now it) | | | |
| | | | | |
| Section 2. The Work Under C | onsideration for Publication | | | |
| | eive payment or services from a third party (government, congress) g but not limited to grants, data monitoring board, study doest? | | | |
| Section 3. Relevant financial | activities outside the submitted work. | | | |
| of compensation) with entities as descr | in the table to indicate whether you have financial relibed in the instructions. Use one line for each entity; port relationships that were present during the 36 rest? Yes V No | add as many lines as you need by | | |
| Section 4. Intellectual Proper | utu. Datauta () Causuishta | | | |
| intellectual Prope | rty Patents & Copyrights | | | |
| Do you have any patents, whether plan | ned, pending or issued, broadly relevant to the work | </th | | |

Tian 2



| Section 5. | | | | |
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| Section 5. | Relationships not covered above | | | |
| | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? | | | |
| Yes, the following relationships/conditions/circumstances are present (explain below): | | | | |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest | | | | |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships. | | | | |
| Section 6. | Disclosure Statement | | | |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box | | | |
| Dr. Tian has notl | ning to disclose. | | | |

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Tian 3



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Angkoon 1



| Section 1. | Identifying Inform | ation | | | |
|--|--|--|--|------------------------|--|
| 1. Given Name (Fii Anuwong | rst Name) | 2. Surname (Last Name) Angkoon | | | 3. Date 30-December-2017 |
| 4. Are you the cor | Are you the corresponding author? Yes No | | | | |
| 5. Manuscript Title Future directions | | ic thyroidecto | my vestibular approach | ١ | |
| 6. Manuscript Ider AOT-18-5 | ntifying Number (if you kn | ow it) | | | |
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| Section 2. | The Work Under Co | onsideration | for Publication | | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not limited | | - | mmercial, private foundation, etc.) for esign, manuscript preparation, |
| Section 3. | Relevant financial | activities ou | tside the submitted | work | |
| of compensation clicking the "Add | the appropriate boxes i) with entities as descri | n the table to i bed in the inst port relationsh | ndicate whether you haructions. Use one line f | ave financial relators | ationships (regardless of amount add as many lines as you need by nonths prior to publication. |
| Section 4. | Intellectual Proper | ty Paten <u>ts</u> | & Copyrights | | |
| Do you have any | | | or issued, broadly releva | ant to the work? | ? ☐ Yes 🗸 No |

Angkoon 2



| Section 5. Relationships not covered above |
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| Relationships not covered above |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? |
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| Section 6. Disclosure Statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Angkoon has nothing to disclose. |

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Kim 1



| Section 1. Identifying Inform | nation | | | |
|---|--|----------------------------------|--|--|
| 1. Given Name (First Name) Hoon Yub | 2. Surname (Last Name) Kim | 3. Date 30-December-2017 | | |
| 4. Are you the corresponding author? | you the corresponding author? | | | |
| 5. Manuscript Title Future directions of transoral endosco | oic thyroidectomy vestibular approach | | | |
| 6. Manuscript Identifying Number (if you k | now it) | | | |
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Kim 2



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| Dr. Kim has noth | ning to disclose. | | | | |

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Tufano 1



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|--|---|----------------------------------|--|--|
| 1. Given Name (First Name) Ralph | 2. Surname (Last Name) Tufano | 3. Date 30-December-2017 | | |
| 4. Are you the corresponding author? | sponding author? Yes No | | | |
| 5. Manuscript Title Future directions of transoral endoscop | oic thyroidectomy vestibular approach | | | |
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Tufano 2



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| Dr. Tufano has n | othing to disclose. | | |

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Dionigi 1



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|--|--|---|---|----------------|---|
| 1. Given Name (Fii Gianlorenzo | rst Name) | 2. Surname (Last Name) Dionigi | | | 3. Date 30-December-2017 |
| 4. Are you the cor | 4. Are you the corresponding author? Yes No | | | | |
| 5. Manuscript Title Future directions | | ic thyroidec | tomy vestibular approach | | |
| 6. Manuscript Ider AOT-18-5 | ntifying Number (if you kr | ow it) | | | |
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| any aspect of the s statistical analysis, | ubmitted work (including | but not limit | ed to grants, data monitoring boo | | mmercial, private foundation, etc.) for sign, manuscript preparation, |
| Section 3. | Relevant financial | activities o | outside the submitted wo | ark | |
| of compensation clicking the "Add | the appropriate boxes i) with entities as descri | n the table t bed in the ir port relation | o indicate whether you have f nstructions. Use one line for ea ships that were present durir | financial rela | ationships (regardless of amount dd as many lines as you need by nonths prior to publication. |
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| Do you have any | | | g or issued, broadly relevant to | to the work? | ☐ Yes 🗸 No |

Dionigi 2



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