

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)

Tzu-Yen

2. Surname (Last Name)

Huang

3. Date

28-February-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Gianlorenzo Dionigi

5. Manuscript Title

Neural monitoring in transoral endoscopic thyroidectomy

6. Manuscript Identifying Number (if you know it)

AOT-17-32

Section 2. The Work Under Consideration for Publication

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Dr. Huang has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Antonina	2. Surname (Last Name) Catalfamo	3. Date 28-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianlorenzo Dionigi
5. Manuscript Title Neural monitoring in transoral endoscopic thyroidectomy		
6. Manuscript Identifying Number (if you know it) AOT-17-32		

Section 2. The Work Under Consideration for Publication

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Dr. Catalfamo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Che-Wei	2. Surname (Last Name) Wu	3. Date 28-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianlorenzo Dionigi
5. Manuscript Title Neural monitoring in transoral endoscopic thyroidectomy		
6. Manuscript Identifying Number (if you know it) AOT-17-32		

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Section 1. Identifying Information

1. Given Name (First Name) Feng-Yu	2. Surname (Last Name) Chiang	3. Date 28-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianlorenzo Dionigi
5. Manuscript Title Neural monitoring in transoral endoscopic thyroidectomy		
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Gianlorenzo

2. Surname (Last Name)
Dionigi

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28-February-2018

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