

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) Sung Won	2. Surname (Last Name) Kim	3. Date 29-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kang Dae Lee
5. Manuscript Title Autofluorescence Imaging: A Tool for Intraoperative Mapping of the Parathyroid Gland		
6. Manuscript Identifying Number (if you know it) AOT-2019-MTT-08		

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1. Given Name (First Name) Hyoung Shin	2. Surname (Last Name) Lee	3. Date 29-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kang Dae Lee
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Yikeun

2. Surname (Last Name)  
Kim

3. Date  
04-March-1985

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Yes  No

Corresponding Author's Name  
Kang Dae Lee

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