## ICMJE DISCLOSURE FORM

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Date:1	2/15/2021				
	Shane Alexander Kaysen				
Manuscript Title:_	_ The Histologic and Genetic Findings of Poorly Differentiated Thyroid Carcinoma in a				
Young Female Pa	tient: A Case Report				
Manuscript number	er (if known):#6484				
	ansparency, we ask you to disclose all relationships/activities/interests listed below that are ent of your manuscript. "Related" means any relation with for-profit or not-for-profit third				
parties whose inte to transparency an	rests may be affected by the content of the manuscript. Disclosure represents a commitment d does not necessarily indicate a bias. If you are in doubt about whether to list a ty/interest, it is preferable that you do so.				
The following quesmanuscript only.	tions apply to the author's relationships/activities/interests as they relate to the <u>current</u>				
to the epidemiolog	onships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains by of hypertension, you should declare all relationships with manufacturers of antihypertensive f 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	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending	XNone	
′	meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	V. Name	
10	•	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date:_0 <u>1.27.22</u>
Your Name: Peter Anderson
Manuscript Title: The Histologic and Genetic Findings of Poorly Differentiated Thyroid Carcinoma in a Youn
Female Patient: A Case Report
Manuscript number (if known): AOT-21-20

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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.

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		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	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	X_None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	None	Surgeon for South Valley ENT		
	Please summarize the above conflict of interest in the following box:  South Valley ENT is a for-profit surgical group providing surgical services for Steward Healthcare.				

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.

## ICMJE DISCLOSURE FORM

Date: 12.15.21	
Your Name:Jeffr	ey Mohlman
Manuscript Title:	The Histologic and Genetic Findings of Poorly Differentiated Thyroid Carcinoma in a Young
Female Patient: A (	Case Report_
Manuscript number	(if known): AOT-21-20
•	

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

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	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	V. None			
О	testimony	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	XNone			
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid Stock or stock options	V None			
11	Stock of Stock options	XNone			
12	Receipt of equipment,	X None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	None	Pathologist for Professional Diagnostics		
	financial interests				
PI:	Please summarize the above conflict of interest in the following box:				
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Professional Diagnostics is a for-profit pathology group contracted with Steward Healthcare to provide pathology services.			

Please place an "X" next to the following statement to indicate your agreement:

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