

## ICMJE DISCLOSURE FORM

**Date:** Jan. 05, 2024

**Your Name:** David D. Dolidze

**Manuscript Title:** Spontaneous thyroid hemorrhage management: a case report

**Manuscript number (if known):** AOT-23-34

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

None.
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**Please place an "X" next to the following statement to indicate your agreement:**

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**Date:** Jan. 05, 2024

**Your Name:** Zurab A. Bagatelia

**Manuscript Title:** Spontaneous thyroid hemorrhage management: a case report

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## ICMJE DISCLOSURE FORM

**Date:** Jan. 05, 2024

**Your Name:** Karina A. Mulaeva

**Manuscript Title:** Spontaneous thyroid hemorrhage management: a case report

**Manuscript number (if known):** AOT-23-34

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**Date:** Jan. 05, 2024

**Your Name:** Andrei A. Kolotilshchikov

**Manuscript Title:** Spontaneous thyroid hemorrhage management: a case report

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**Date:** Jan. 05, 2024

**Your Name:** Nodar N. Gogitidze

**Manuscript Title:** Spontaneous thyroid hemorrhage management: a case report

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**Date:** Jan. 05, 2024

**Your Name:** Anna Bumbu

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