

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) Lin	2. Surname (Last Name) Li	3. Date 26-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lei Shi
5. Manuscript Title Primary thyroid lymphoma: CT findings of a rare malignant tumor with pathologic correlations		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Li 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) Yi Xiáng J.	2. Surname (Last Name) Wáng	3. Date 26-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lei Shi
5. Manuscript Title Primary thyroid lymphoma: CT findings of a rare malignant tumor with pathologic correlations		
6. Manuscript Identifying Number (if you know it)		

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Dr. Wáng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Lei

2. Surname (Last Name)
Shi

3. Date
26-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Primary thyroid lymphoma: CT findings of a rare malignant tumor with pathologic correlations

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Chang

2. Surname (Last Name)
Yu

3. Date
26-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Primary thyroid lymphoma: CT findings of a rare malignant tumor with pathologic correlations

6. Manuscript Identifying Number (if you know it)

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Xiao-Li

2. Surname (Last Name)

Feng

3. Date

26-February-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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