

## 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) Sengyi	2. Surname (Last Name) Deng	3. Date 15-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lunxu Liu
5. Manuscript Title Thoracoscopic resection of an ectopic mediastinal parathyroid adenoma in an octogenarian with recurrent hyperparathyroidism		
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. Deng has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Chengwu

2. Surname (Last Name)  
Liu

3. Date  
15-August-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Lunxu Liu

5. Manuscript Title  
Thoracoscopic resection of an ectopic mediastinal parathyroid adenoma in an octogenarian with recurrent hyperparathyroidism

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Dr. Liu has nothing to disclose.

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1. Given Name (First Name) Qiang	2. Surname (Last Name) Pu	3. Date 15-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lunxu Liu
5. Manuscript Title Thoracoscopic resection of an ectopic mediastinal parathyroid adenoma in an octogenarian with recurrent hyperparathyroidism		
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1. Given Name (First Name)  
Lunxu

2. Surname (Last Name)  
Liu

3. Date  
15-August-2018

4. Are you the corresponding author?  Yes  No

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