ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Hong-qun

2. Surname (Last Name)  
   Wang

3. Date  
   17-May-2020

4. Are you the corresponding author?  
   ✔ Yes  ❌ No  
   Corresponding Author’s Name  
   Huai-yin Shi

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3. Date  17-May-2020

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Corresponding Author’s Name  Huai-yin Shi

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Ying-xue

2. Surname (Last Name)  
Li

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Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Royalties:** Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  
Huai-yin

2. Surname (Last Name)  
Shi

3. Date  
17-May-2020

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
Biological effects of ubiquitin-specific peptidase 22 on thyroid papillary cancer cells and its mechanism of action

6. Manuscript Identifying Number (if you know it)

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
☐ Yes  ☑ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.  
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Shi has nothing to disclose.

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