

## 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)

Junbiao

2. Surname (Last Name)

Huang

3. Date

02-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Xiaorong Li

5. Manuscript Title

Clinical preliminary study on the correlation between nodular goitre and papillary thyroid carcinoma

6. Manuscript Identifying Number (if you know it)

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Dr. Huang 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)  
Changwei

2. Surname (Last Name)  
Lin

3. Date  
02-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Xiaorong Li

5. Manuscript Title  
Clinical preliminary study on the correlation between nodular goitre and papillary thyroid carcinoma

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)  
Yifei

2. Surname (Last Name)  
Chen

3. Date  
02-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Xiaorong Li

5. Manuscript Title  
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Xiaorong

2. Surname (Last Name)

Li

3. Date

02-April-2020

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