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)  
   Tzu-Yen

2. Surname (Last Name)  
   Huang

3. Date  
   19-March-2020

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Che-Wei Wu

5. Manuscript Title  
   Safety of Ligasure Exact Dissector in Thyroidectomy with Continuous Neuromonitoring: A Porcine Model

6. Manuscript Identifying Number (if you know it)  
   GS-19-458

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   ☑ Yes  ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Section 6. Disclosure Statement

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Dr. Huang reports grants from Kaohsiung Medical University Hospital, Taiwan, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  Yi-Chu
2. Surname (Last Name)      Lin
3. Date                     19-March-2020
4. Are you the corresponding author?   Yes  No  
  Corresponding Author's Name       Che-Wei Wu
5. Manuscript Title
  Safety of Ligasure Exact Dissector in Thyroidectomy with Continuous Neuromonitoring: A Porcine Model
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Dr. Lin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Hsin-Yi

2. Surname (Last Name)  
Tseng

3. Date  
19-March-2020

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

Corresponding Author’s Name  
Che-Wei Wu

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name) Gianlorenzo
2. Surname (Last Name) Dionigi
3. Date 19-March-2020
4. Are you the corresponding author? Yes [ ] No [x]
   Corresponding Author’s Name Che-Wei Wu
5. Manuscript Title
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<tr>
<td>Hoon Yub</td>
<td>Kim</td>
<td>19-March-2020</td>
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4. Are you the corresponding author?  Yes  No  

Corresponding Author’s Name  Che-Wei Wu  

5. Manuscript Title  Safety of Ligasure Exact Dissector in Thyroidectomy with Continuous Neuromonitoring: A Porcine Model  

6. Manuscript Identifying Number (if you know it)  GS-19-458  

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Kim
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Dr. Kim 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)  
   I-Cheng  

2. Surname (Last Name)  
   Lu  

3. Date  
   19-March-2020  

4. Are you the corresponding author?  
   Yes ☑ No  

Corresponding Author’s Name  
Che-Wei Wu  

5. Manuscript Title  
   Safety of Ligasure Exact Dissector in Thyroidectomy with Continuous Neuromonitoring: A Porcine Model  

6. Manuscript Identifying Number (if you know it)  
   GS-19-458  

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Are there any relevant conflicts of interest?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Lu has nothing to disclose.

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   Pi-Ying

2. Surname (Last Name)  
   Chang

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   19-March-2020

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   Che-Wei Wu

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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Che-Wei Wu

5. Manuscript Title
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2. Surname (Last Name)     Wu
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Dr. Wu reports grants from Kaohsiung Medical University Hospital, Taiwan, grants from Kaohsiung Municipal Siaogang Hospital, Kaohsiung Medical University, Taiwan, grants from Ministry of Science and Technology, Taiwan, during the conduct of the study;

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