ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Mengting

2. **Surname (Last Name)**
   Zhu

3. **Date**
   28-April-2020

4. **Are you the corresponding author?**
   - Yes
   - No
   - ✔ No

   **Corresponding Author’s Name**
   Jinbiao Shang

5. **Manuscript Title**
   Central lymph node metastasis of papillary thyroid microcarcinoma with the tumor within the thyroid gland is independent of the distance between the tumor and thyroid capsule

6. **Manuscript Identifying Number (if you know it)**

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Are there any relevant conflicts of interest?

- Yes
- No
- ✔ No

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- No
- ✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

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- Yes
- No
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Dr. Zhu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Weihui

2. Surname (Last Name)  
   Zheng

3. Date  
   28-April-2020

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Jinbiao Shang

5. Manuscript Title  
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Dr. Zheng has nothing to disclose.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   Yangfeng

2. **Surname (Last Name)**
   Xiang

3. **Date**
   28-April-2020

4. **Are you the corresponding author?**
   - Yes
   - No
   ✔ No

   **Corresponding Author’s Name**
   Jinbiao Shang

5. **Manuscript Title**
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Are there any relevant conflicts of interest?

- Yes
- No

   ✔ No

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

- Yes
- No

   ✔ No
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Dr. Xiang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jialei
2. Surname (Last Name)  Gu
3. Date  28-April-2020
4. Are you the corresponding author?  Yes  ✔  No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Dr. Gu has nothing to disclose.

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1. Given Name (First Name) Kejing
2. Surname (Last Name) Wang
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   Jinbiao Shang

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**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  Jinbiao
2. Surname (Last Name)  Shang
3. Date  28-April-2020
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Central lymph node metastasis of papillary thyroid microcarcinoma with the tumor within the thyroid gland is independent of the distance between the tumor and thyroid capsule

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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?  ✔ No

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Dr. Shang has nothing to disclose.

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