

ICMJE DISCLOSURE FORM

Date: 2021.04.18

Your Name: Xiaofeng Wu

Manuscript Title: Correlation between sonographic features and pathological findings of cervical lymph node metastasis of differentiated thyroid carcinoma

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 2021.04.18

Your Name: Lihong Zhang

Manuscript Title: Correlation between sonographic features and pathological findings of cervical lymph node metastasis of differentiated thyroid carcinoma

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Date: 2021.04.18

Your Name: Jie Sun

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Your Name: Ying Huang

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Your Name: Engiao Yu

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Date: 2021.04.18

Your Name: Dongmei Gu

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Your Name: Wei Wang

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Your Name: Mengyao Sun

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Your Name: Kai Wang

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ICMJE DISCLOSURE FORM

Date: 2021.04.18

Your Name: Mengqi Zhou

Manuscript Title: Correlation between sonographic features and pathological findings of cervical lymph node metastasis of differentiated thyroid carcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021.04.18

Your Name: Jianxia Liu

Manuscript Title: Correlation between sonographic features and pathological findings of cervical lymph node metastasis of differentiated thyroid carcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021.04.18

Your Name: Fenglin Dong

Manuscript Title: Correlation between sonographic features and pathological findings of cervical lymph node metastasis of differentiated thyroid carcinoma

Manuscript number (if known): _____

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