ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Chen</td>
<td>Liu</td>
<td>02-April-2020</td>
</tr>
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</table>

4. Are you the corresponding author? ☑ No

<table>
<thead>
<tr>
<th>Corresponding Author’s Name</th>
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<tr>
<td>Yu Chen and Aiping Zhou</td>
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5. Manuscript Title
Sonography monitoring of thyroid morphology and function in patients with metastatic renal cell carcinoma treated with targeted drugs

6. Manuscript Identifying Number (if you know it)
APM-19-524

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Section 6. Disclosure Statement

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Dr. Liu has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Xingang
2. Surname (Last Name)  Bi
3. Date  08-April-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author's Name  Yu Chen and Aiping Zhou
5. Manuscript Title
   Sonography monitoring of thyroid morphology and function in patients with metastatic renal cell carcinoma treated with targeted drugs
6. Manuscript Identifying Number (if you know it)
   APM-19-524

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.)?

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1. Given Name (First Name)  
   Yu

2. Surname (Last Name)  
   Chen

3. Date  
   08-April-2020

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   ✔ Yes  
   ☐ No

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   Aiping  

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   Zhou  

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