

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) Irwin	2. Surname (Last Name) Klein	3. Date 15-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hennessey
5. Manuscript Title Aggressive Case finding: A Clinical Strategy for the Documentation of Thyroid Dysfunction		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)

James

2. Surname (Last Name)

Hennessey

3. Date

08-June-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

"Aggressive Case finding: A Clinical Strategy for the Documentation of Thyroid Dysfunction"

6. Manuscript Identifying Number (if you know it)

M15-0762

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)

JEFFREY

2. Surname (Last Name)

GARBER

3. Date

10-June-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

JAMES HENNESSEY

5. Manuscript Title

"Aggressive Case finding: A Clinical Strategy for the Documentation of Thyroid Dysfunction"

6. Manuscript Identifying Number (if you know it)

M15-0762

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Dr. GARBER has nothing to disclose.

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1. Given Name (First Name)

Kenneth

2. Surname (Last Name)

Woeber

3. Date

30-June-2915

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

James Hennessy

5. Manuscript Title

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Rhoda

2. Surname (Last Name)
Cobin

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07-July-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hennessey

5. Manuscript Title
Aggressive Case finding: A Clinical Strategy for the Documentation of Thyroid Dysfunction

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