ICMJE DISCLOSURE FORM

Date: 2021-09-16
Your Name: Zhiwei Yu
Manuscript Title: Iodine intake level and incidence of thyroid disease in adults in Shaanxi province: a cross-sectional study
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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| Time frame: Since the initial planning of the work |
| Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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No time limit for this item. | **None** |

| Time frame: past 36 months |
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| **3** | Royalties or licenses | **None** |
| **4** | Consulting fees | **None** |
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|---|-----------------------------------------------------------------|-----|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
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| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
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|11 | Stock or stock options | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
|13 | Other financial or non-financial interests | None |

Please summarize the above conflict of interest in the following box:

The author has no conflicts of interest to declare.

Please place an “X” next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 2021-09-16
Your Name: Yaocheng Yu
Manuscript Title: Iodine intake level and incidence of thyroid disease in adults in Shaanxi province: a cross-sectional study
Manuscript number (if known): 

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Date: 2021-09-16
Your Name: Yi Wan
Manuscript Title: Iodine intake level and incidence of thyroid disease in adults in Shaanxi province: a cross-sectional study
Manuscript number (if known): 

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Date: 2021-09-16

Your Name: Jing Fan

Manuscript Title: Iodine intake level and incidence of thyroid disease in adults in Shaanxi province: a cross-sectional study

Manuscript number (if known):

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Time frame: Since the initial planning of the work

Time frame: past 36 months
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Date: 2021-09-16
Your Name: Huimin Meng
Manuscript Title: Iodine intake level and incidence of thyroid disease in adults in Shaanxi province: a cross-sectional study
Manuscript number (if known): ___________________________________________________________________

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| 3 | Royalties or licenses | None |
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Time frame: Since the initial planning of the work

Time frame: past 36 months
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| 11| Stock or stock options                                          | None |
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Date: 2021-09-16
Your Name: Songpeng Li
Manuscript Title: Iodine intake level and incidence of thyroid disease in adults in Shaanxi province: a cross-sectional study
Manuscript number (if known): 

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Date: 2021-09-16
Your Name: Yi di Wang
Manuscript Title: Iodine intake level and incidence of thyroid disease in adults in Shaanxi province: a cross-sectional study
Manuscript number (if known): 

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|      | __None                                          | _None                     |
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| 3    | Royalties or licenses                           | __None                    |
| 4    | Consulting fees                                 | __None                    |
|   | Description                                                                 | Response |
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| 6 | Payment for expert testimony                                                | None     |
| 7 | Support for attending meetings and/or travel                                | None     |
| 8 | Patents planned, issued or pending                                          | None     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | None     |
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Date: 2021-09-16
Your Name: Ting Wang

Manuscript Title: Iodine intake level and incidence of thyroid disease in adults in Shaanxi province: a cross-sectional study
Manuscript number (if known): ________________

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| 3 | Royalties or licenses                                                                           | None                                                                             |
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Date: 2021-09-16
Your Name: Rui Lin

Manuscript Title: Iodine intake level and incidence of thyroid disease in adults in Shaanxi province: a cross-sectional study
Manuscript number (if known): 

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