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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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Clarissa

2. Surname (Last Name)  
   Rocha da Cruz

3. Date  
   19-April-2020

4. Are you the corresponding author?  
   [ ] Yes   ✔ No

5. Manuscript Title  
   Clinical and laboratory parameters associated with li-rads as diagnostic of liver nodule in patients with cirrhosis

6. Manuscript Identifying Number (if you know it)  
   TGH-19-257

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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[ ] Yes   ✔ No

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

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[ ] Yes   ✔ No

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Clarissa Rocha da Cruz
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Section 5. Relationships not covered above

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Dr. Rocha da Cruz has nothing to disclose.

Evaluation and Feedback

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Ana Rita

2. Surname (Last Name)  
   Marinho Ribeiro Carvalho

3. Date  
   19-April-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Luydson Richardson Silva Vasconcelos

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Marinho Ribeiro Carvalho has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Augusto César

2. Surname (Last Name)  
   Nascimento Maranhão

3. Date  
   19-April-2020

4. Are you the corresponding author?  
   □ Yes  ✔ No

   Corresponding Author’s Name  
   Luydson Richardson Silva Vasconcelos

5. Manuscript Title  
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Dr. Nascimento Maranhão has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Dayse
2. Surname (Last Name)  Barbosa Aroucha
3. Date  19-April-2020
4. Are you the corresponding author?  Yes  □  No  ✔
Corresponding Author’s Name  Luydson Richardson Silva Vasconcelos
5. Manuscript Title
Clinical and laboratory parameters associated with li-rads as diagnostic of liver nodule in patients with cirrhosis
6. Manuscript Identifying Number (if you know it)  TGH-19-257

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Are there any relevant conflicts of interest?  □  Yes  ✔  No

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Dr. Barbosa Aroucha has nothing to disclose.
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Section 1. Identifying Information

1. Given Name (First Name) Gabriela
2. Surname (Last Name) Azevedo Foinquinos
3. Date 19-April-2020
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name
   Luydson Richardson Silva Vasconcelos
5. Manuscript Title
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Dr. Azevedo Foinquinos has nothing to disclose.

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2. Surname (Last Name)  
   Rampche Coutinho Carvalho

3. Date  
   19-April-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Luydson Richardson Silva Vasconcelos

5. Manuscript Title  
   Clinical and laboratory parameters associated with li-rads as diagnostic of liver nodule in patients with cirrhosis

6. Manuscript Identifying Number (if you know it)  
   TGH-19-257

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Are there any relevant conflicts of interest?  
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<td>Luydson</td>
<td>Richardson Silva Vasconcelos</td>
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   Leila Maria
2. Surname (Last Name)  
   Moreira Beltrão Pereira
3. Date  
   19-April-2020

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   Yes, No  
   ✔ No

Corresponding Author’s Name  
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