

ICMJJE DISCLOSURE FORM

Date: 2022.12.07
 Your Name: Jinye Li
 Manuscript Title: Longitudinal variation of endolymphatic hydrops in patients with Ménière’ s disease
 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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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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:

No conflict of interest.

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.

Date: 2022.12.08
 Your Name: Linsheng Wang
 Manuscript Title: Longitudinal variation of endolymphatic hydrops in patients with Ménière’ s disease
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022.12.07

Your Name: Na Hu

Manuscript Title: Longitudinal variation of endolymphatic hydrops in patients with Ménière's disease

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022.12.08

Your Name: _____ Long Li _____
 Manuscript Title: __ Longitudinal variation of endolymphatic hydrops in patients with Ménière’ s disease _____
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ 2022.12.07 _____

Your Name: _____ Gesheng Song _____

Manuscript Title: Longitudinal variation of endolymphatic hydrops in patients with Ménière' s disease
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ICMJE DISCLOSURE FORM

Date: 2022.12.09

Your Name: Han Xu

Manuscript Title: Longitudinal variation of endolymphatic hydrops in patients with Ménière's disease

Manuscript number (if known): _____

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	testimony		
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ICMJE DISCLOSURE FORM

Date: 2022.12.09

Your Name: Ting Xu

Manuscript Title: Longitudinal variation of endolymphatic hydrops in patients with Ménière's disease

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ICMJE DISCLOSURE FORM

Date: 2022.12.09

Your Name: Weiqliang Dou

Manuscript Title: Longitudinal variation of endolymphatic hydrops in patients with Ménière's disease

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ICMJE DISCLOSURE FORM

Date: 2022.12.09

Your Name: Chuanting Li

Manuscript Title: Longitudinal variation of endolymphatic hydrops in patients with Ménière's disease

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ICMJE DISCLOSURE FORM

Date: 2022.12.09

Your Name: Wenqing Yan

Manuscript Title: Longitudinal variation of endolymphatic hydrops in patients with Ménière's disease

Manuscript number (if known): _____

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Date: 2022.12.09

Your Name: Lixin Sun

Manuscript Title: Longitudinal variation of endolymphatic hydrops in patients with Ménière's disease

Manuscript number (if known): _____

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Date: 2022.12.09

Your Name: Ruozhen Gong

Manuscript Title: Longitudinal variation of endolymphatic hydrops in patients with Ménière's disease

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