Date: 2022-11-12	
Your Name:Silir	n Zhang
Manuscript Title:	Nomogram for predicting the prognosis of sudden sensorineural hearing loss patients
based on clinical	<u>characteristics</u>
Manuscript numbe	r (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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
		Time frame: Since the initia	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time mint for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
-	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.			

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

Date:_	2022-11-12	
Your N	lame:_Ping Li	
Manus	script Title:	Nomogram for predicting the prognosis of sudden sensorineural hearing loss patients
based	on clinical	haracteristics
Manus	script number	(if known):

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11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.			

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

Date:_	<u>2-11-12</u>
Your I	:_Fangfang Fan
Manu	Title: Nomogram for predicting the prognosis of sudden sensorineural hearing loss patients
based	elinical characteristics
Manu	number (if known):

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	Advisory Board		
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	committee or advocacy		
	group, paid or unpaid		
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.			

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

Date: <u>2022-11-12</u>
Your Name: Yin Zheng
Manuscript Title: <u>Nomogram for predicting the prognosis of sudden sensorineural hearing loss patient</u>
based on clinical characteristics
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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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.			

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

Date:_	2022-11-12							
Your N	Name: <u>Xiang</u> j	un Chen						
Manus	script Title:	Nomogram for	predicting the	prognosis of	sudden se	nsorineural	hearing loss	patients
based	on clinical	<u>characteristics</u>						
Manus	script numbe	r (if known):						

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11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.			

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

Date:_	2022-11-12							
Your N	lame: <u>Yu Ch</u>	en						
Manus	script Title:	Nomogram for	predicting the	e prognosis (of sudden s	<u>ensorineural</u>	hearing los	s patients
based	on clinical	<u>characteristics</u>						
Manus	script numbe	r (if known):						

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	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.			

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

Date:	2022-11-12
Your	Name:_Xiaofeng Cui
Manu	script Title: Nomogram for predicting the prognosis of sudden sensorineural hearing loss patients
base	d on clinical characteristics
Manı	script number (if known):

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6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	-		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	None	
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11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
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