

ICMJE DISCLOSURE FORM

Date: Jul. 1st, 2021

Your Name: Xuexin Lin

Manuscript Title: Experimental animal models of drug-induced sensorineural hearing

loss: a narrative review

Manuscript number (if known): ATM-21-2508

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 **current manuscript only**.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __ X __ None | |
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| 3 | Royalties or licenses | __ X __ None | |
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| 4 | Consulting fees | __ X __ None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 11 | Stock or stock options | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> X <input type="checkbox"/> None | |

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

None.

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: Jul. 1st, 2021

Your Name: Jia Luo

Manuscript Title: Experimental animal models of drug-induced sensorineural hearing loss: a narrative review

Manuscript number (if known): ATM-21-2508

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ICMJE DISCLOSURE FORM

Date: Jul. 1st, 2021

Your Name: Jinggian Tan

Manuscript Title: Experimental animal models of drug-induced sensorineural hearing loss: a narrative review

Manuscript number (if known): ATM-21-2508

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ICMJE DISCLOSURE FORM

Date: Jul. 1st, 2021
 Your Name: Luoying Yang
 Manuscript Title: Experimental animal models of drug-induced sensorineural hearing loss: a narrative review
 Manuscript number (if known): ATM-21-2508

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ICMJE DISCLOSURE FORM

Date: Jul. 1st, 2021

Your Name: Mitian Wang

Manuscript Title: Experimental animal models of drug-induced sensorineural hearing loss: a narrative review

Manuscript number (if known): ATM-21-2508

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ICMJE DISCLOSURE FORM

Date: Jul. 1st, 2021
 Your Name: Peng Li
 Manuscript Title: Experimental animal models of drug-induced sensorineural hearing loss: a narrative review
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