| Date: | 9/15/2022 |
|-------------------------------|---|
| Your Name: | Michael Mather |
| Manuscript Title: | Ototopical therapies for post tympanostomy tube otorrhoea in children |
| Manuscript Number (if known): | P-22-387 |

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 author's relationships/activities/interests should be defined broadly. 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.

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|---|---|--|---|
| | | Time frame: Since the initial planning o | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | This work was supported by a Clinical Fellow GN2779 to M.M.) | vship from Action Medical Research (No. |
| | | Time frame: past 36 months | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | ⊠ None | |

| | | | e all entities with whom you have this onship 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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| 4 | Consulting fees | \boxtimes | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | | None | |
| 6 | Payment for expert testimony | \boxtimes | None | |
| 7 | Support for attending meetings and/or travel | | None | |
| 8 | Patents planned, issued or pending | \boxtimes | 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 | |

| | | | e all entities with whom you have this onship 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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| 11 | Stock or stock options | | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | \boxtimes | None | |
| 13 | Other financial or non-financial interests | | None | |
| Plea | se place an "X" nex | t to the | e following statement to indicate your agreeme | nt: |
| \boxtimes | I certify that I have | answe | ered every question and have not altered the wo | rding of any of the questions on this form. |

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|---|---|---|
| Date: | 9/15/2022 | |
| Your Name: | Benjamin Talks | |
| Manuscript Title: | Ototopical therapies for post tympane | ostomy tube otorrhoea in children |
| Manuscript Number (if k | nown): N/A | |
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| | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | | cations/Comments (e.g., if payments were o you or to your institution) |
|----|--|-----------|--|
| 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 None | |
| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | None 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 | |
| Plea | • | e following statement to indicate your agreeme | |

| Date:15 th September 2022 | |
|---|--|
| Your Name:Nicholas Dawe | |
| Manuscript Title: Ototopical therapies for post tympanostomy tube otorrhoea in children | |
| Manuscript number (if known): P-22-387 | |

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|---|---|---|---|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|------|---|---------------------------------|------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 0 | Participation on a Data | V None | |
| 9 | Safety Monitoring Board or | XNone | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| 11 | Stock of Stock options | ^NOTIE | |
| | | | |
| 12 | Possint of agricument | V None | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
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| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Plea | se summarize the above co | nflict of interest in the follo | owing box: |
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__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

| ate:Sept. 14 th , 2022 | |
|--|---|
| our Name:Jason Powell | |
| anuscript Title:Ototopical therapies for post tympanostomy tube otorrhoea in childre | n |
| anuscript number (if known): P-22-387 | |

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| Time frame: Since the initial planning of the work | | | | | | | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | XNone | | | | | | | |
| | Time frame: past 36 months | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | | | | | | | |
| 3 | Royalties or licenses | XNone | | | | | | | |
| 4 | Consulting fees | XNone | | | | | | | |

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