Date:2024. 1. 23

Your Name: Wandi xu

Manuscript Title: Pediatric Ménière's disease with disassociated cochlear and vestibular symptoms: a case report

Manuscript number (if known):

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4	Consulting fees	$\sqrt{}$ None	
5	Payment or honoraria for	√None	

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
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	meetings and/or travel		
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	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		
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Date:2024. 1. 23 Your Name: Xiaoyi Li

Manuscript Title: Pediatric Ménière's disease with disassociated cochlear and vestibular symptoms: a case report

Manuscript number (if known):

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Date:2024. 1. 23 Your Name: Xiaofei Li

Manuscript Title: Pediatric Ménière's disease with disassociated cochlear and vestibular symptoms: a case report

Manuscript number (if known):

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4	Consulting fees	√None	
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9	Participation on a Data	√None	
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Date:2024. 1. 23

Your Name: Daogong Zhang

Manuscript Title: Pediatric Ménière's disease with disassociated cochlear and vestibular symptoms: a case report

Manuscript number (if known):

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	No time limit for this item.		
		Time frame: past	26 months
2	Grants or contracts from	$\sqrt{\text{None}}$	30 months
_	any entity (if not indicated	y None	
	in item #1 above).		
3	Royalties or licenses	$\sqrt{}$ None	
4	Consulting fees	$\sqrt{None}$	
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Date:2024. 1. 23

Your Name: Haibo Wang

Manuscript Title: Pediatric Ménière's disease with disassociated cochlear and vestibular symptoms: a case report

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