

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David

2. Surname (Last Name) Tighe

3. Date 14-January-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Risk Adjustment in audit of outcome after Head and Neck Surgery applied to Cumulative Sum Chart methodology to monitor of free flap failure

6. Manuscript Identifying Number (if you know it)
FOMM-2020-HNR-04(FOMM-20-89)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
East Kent Hospitals Reasearch and Innovation Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£3000
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Tighe reports grants from East Kent Hospitals Research and Innovation Grant, from null, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jeremy	2. Surname (Last Name) McMahon	3. Date 13-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Tighe
5. Manuscript Title Risk Adjustment in audit of outcome after Head and Neck Surgery		
6. Manuscript Identifying Number (if you know it) FOMM-2020-HNR-04(FOMM-20-89)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. McMahon has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Ho	3. Date 18-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Tighe
5. Manuscript Title Risk Adjustment in audit of outcome after Head and Neck Surgery applied to Cumulative Sum Chart methodology to monitor of free flap failure		
6. Manuscript Identifying Number (if you know it) FOMM-20-89-HNR-04		

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Dr. Ho has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Isabel

2. Surname (Last Name)

Sassoon

3. Date

15-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

David Tighe

5. Manuscript Title

Risk Adjustment in audit of outcome after Head and Neck Surgery applied to Cumulative Sum Chart methodology to monitor of free flap failure

6. Manuscript Identifying Number (if you know it)

FOMM-2020-HNR-04(FOMM-20-89)

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Dr. Sassoon has nothing to disclose.

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