

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Soumya

2. Surname (Last Name)
Soumya

3. Date
23-May-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Myringoplasty outcomes of Indigenous Australians in the West
Kimberley region of Western Australia

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Soumya has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anton	2. Surname (Last Name) Hinton-Bayre	3. Date 23-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Soumya
5. Manuscript Title Myringoplasty outcomes of Indigenous Australians in the West Kimberley region of Western Australia		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Hinton-Bayre has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Harvey

2. Surname (Last Name)
Coates

3. Date
23-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Soumya

5. Manuscript Title
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Jafri

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Kuthubutheen

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Corresponding Author's Name

Soumya

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