

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Thomas

2. Surname (Last Name)
Placanica

3. Date
05-September-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Mastoidectomy indications and incidence in the indigenous population of Far North Queensland

6. Manuscript Identifying Number (if you know it)

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Dr. Placanica has nothing to disclose.

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)

Aaron

2. Surname (Last Name)

Griffin

3. Date

05-September-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Thomas Placanica

5. Manuscript Title

Mastoidectomy indications and incidence in the indigenous population of Far North Queensland

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1. Given Name (First Name)
Vibhuti

2. Surname (Last Name)
Mahanta

3. Date
05-September-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Thomas Placanica

5. Manuscript Title
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1. Given Name (First Name) Philip	2. Surname (Last Name) Jumeau	3. Date 05-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thomas Placanica
5. Manuscript Title Mastoidectomy indications and incidence in the indigenous population of Far North Queensland		
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