

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)

Alasdair

2. Surname (Last Name)

Grenness

3. Date

24-September-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Inner ear patency after retrosigmoid vestibular schwannoma resection

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Grenness has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Fiona C. E.

2. Surname (Last Name)
Hill

3. Date
24-September-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Alasdair Grenness

5. Manuscript Title
Inner ear patency after retrosigmoid vestibular schwannoma resection

6. Manuscript Identifying Number (if you know it)

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Dr. Hill has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Shannon

2. Surname (Last Name)
Withers

3. Date
24-September-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Alasdair Grenness

5. Manuscript Title
Inner ear patency after retrosigmoid vestibular schwannoma resection

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Claire	2. Surname (Last Name) Iseli	3. Date 24-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alasdair Grenness
5. Manuscript Title Inner ear patency after retrosigmoid vestibular schwannoma resection		
6. Manuscript Identifying Number (if you know it)		

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Robert

2. Surname (Last Name)
Briggs

3. Date
24-September-2018

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Corresponding Author's Name
Alasdair Grenness

5. Manuscript Title
Inner ear patency after retrosigmoid vestibular schwannoma resection

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