

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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4. Intellectual Property.

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Section 1. Identifying Infor	mation		
1. Given Name (First Name) Dhinashini	2. Surname (Last Name) Chandran	3. Date 25-October-2018	
4. Are you the corresponding author?	✓ Yes No		
5. Manuscript Title A state-wide survey of disinfection tec	hniques for nasendoscopies in Queensland ENT out-۱	patient departments	
6. Manuscript Identifying Number (if you l	know it)		
Section 2. The Work Under O	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 V No			
Section 3. Relevant financia	l activities outside the submitted work.		
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Section 4. Intellectual Property -- Patents & Copyrights



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Dr. Chandran has nothing to disclose.

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Section 1. Identifying Inform	mation	
1. Given Name (First Name) Jonathan	2. Surname (Last Name) Lomas	3. Date 25-October-2018
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Dhinashini Chandran
5. Manuscript Title A state-wide survey of disinfection tec	hniques for nasendoscopie	es in Queensland ENT out-patient departments
6. Manuscript Identifying Number (if you k	(now it)	
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		ata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inter	rest? Yes 🖌 No	
Section 3. Relevant financia	l activities outside the	submitted work.
Place a check in the appropriate boyes	in the table to indicate wh	other you have financial relationships (regardless of amount
of compensation) with entities as desc	ribed in the instructions. U	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .
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Dr. Lomas has nothing to disclose.

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1. Given Name (First Name) Jessica	2. Surname (Last Name) Anderson	3. Date 25-October-2018
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Dhinashini Chandran
5. Manuscript Title A state-wide survey of disinfection tech	nniques for nasendoscopie	es in Queensland ENT out-patient departments
6. Manuscript Identifying Number (if you ki	now it)	
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Dr. Anderson has nothing to disclose.

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4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Dhinashini Chandran
5. Manuscript Title A state-wide survey of disinfection tech	nniques for nasendoscopie	es in Queensland ENT out-patient departments
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5. Manuscript Title A state-wide survey of disinfection tech	nniques for nasendoscopi	es in Queensland ENT out-patient departments
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Dr. McKenzie has nothing to disclose.

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4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Dhinashini Chandran
5. Manuscript Title A state-wide survey of disinfection tech	nniques for nasendoscopi	es in Queensland ENT out-patient departments
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	
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