

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Alon

2. Surname (Last Name)
Taylor

3. Date
29-December-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Human papillomavirus and oropharyngeal squamous cell carcinoma: a 12-year retrospective review in a New South Wales

6. Manuscript Identifying Number (if you know it)

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Dr. Taylor has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Thomas

2. Surname (Last Name)

Eade

3. Date

29-December-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Alon Taylor

5. Manuscript Title

Human papillomavirus and oropharyngeal squamous cell carcinoma: a 12-year retrospective review in a New South Wales

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1. Given Name (First Name)
David

2. Surname (Last Name)
Veivers

3. Date
29-December-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Alon Taylor

5. Manuscript Title
Human papillomavirus and oropharyngeal squamous cell carcinoma: a 12-year retrospective review in a New South Wales

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Section 1. Identifying Information

1. Given Name (First Name)

Anthony J.

2. Surname (Last Name)

Gill

3. Date

29-December-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Alon Taylor

5. Manuscript Title

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Leo

2. Surname (Last Name)
Pang

3. Date
29-December-2018

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Corresponding Author's Name
Alon Taylor

5. Manuscript Title
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