

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Matthew Eugene

2. Surname (Last Name)
Lam

3. Date
01-January-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Outcomes using the T-14 symptom score for tonsillectomy in an
Australian paediatric population

6. Manuscript Identifying Number (if you know it)

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Dr. Lam 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)
Charmaine M.

2. Surname (Last Name)
Woods

3. Date
01-January-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Matthew Eugene Lam

5. Manuscript Title
Outcomes using the T-14 symptom score for tonsillectomy in an
Australian paediatric population

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Charles	2. Surname (Last Name) Du	3. Date 01-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew Eugene Lam
5. Manuscript Title Outcomes using the T-14 symptom score for tonsillectomy in an Australian paediatric population		
6. Manuscript Identifying Number (if you know it)		

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Dr. Du has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Thomas

2. Surname (Last Name)
Milton

3. Date
01-January-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Matthew Eugene Lam

5. Manuscript Title
Outcomes using the T-14 symptom score for tonsillectomy in an
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Section 1. Identifying Information

1. Given Name (First Name) Stephen Shih-Teng	2. Surname (Last Name) Kao	3. Date 01-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew Eugene Lam
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Section 1. Identifying Information

1. Given Name (First Name) Julie	2. Surname (Last Name) Huynh	3. Date 01-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew Eugene Lam
5. Manuscript Title Outcomes using the T-14 symptom score for tonsillectomy in an Australian paediatric population		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under 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.)?

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

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1. Given Name (First Name)
Elizabeth

2. Surname (Last Name)
Sigston

3. Date
01-January-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Matthew Eugene Lam

5. Manuscript Title
Outcomes using the T-14 symptom score for tonsillectomy in an
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1. Given Name (First Name)
Eng H.

2. Surname (Last Name)
Ooi

3. Date
01-January-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Matthew Eugene Lam

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