

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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Section 1.	Identifying Inform	nation	
1. Given Name (Fir Thomas	rst Name)	2. Surname (Last Name) Hendriks	3. Date 01-January-2019
4. Are you the corr	responding author?	✓ Yes No	
5. Manuscript Title Spontaneous cerebrospinal fluid (CSF) otorrhoea in Western Australia—an emerging entity?			
6. Manuscript Ider	ntifying Number (if you k	now it)	

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🖌 No

Are there any relevant conflicts of interest?	Yes
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	
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Dr. Hendriks has nothing to disclose.

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1. Given Name (Fir Arul	rst Name)	2. Surname (Last Name) Bala		3. Date 01-January-2019
4. Are you the corr	responding author?	Yes 🖌 No	Corresponding Author's Na Thomas Hendriks	ime
5. Manuscript Title Spontaneous cer Australia—an en	ebrospinal fluid (CSF) o	otorrhoea in Western		
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4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Thomas Hendriks
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1. Given Name (First Name) Jafri	2. Surname (Last Name) Kuthubutheen	3. Date 01-January-2019
4. Are you the corresponding auth	or? Yes 🖌 No	Corresponding Author's Name Thomas Hendriks
5. Manuscript Title Spontaneous cerebrospinal flu Australia—an emerging entity		

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