

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.

Identifying information.

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Dowthwaite 1



Section 1. Identifying Inform	mation	
Given Name (First Name) Samuel	Surname (Last Name) Dowthwaite	3. Date 10-February-2019
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Outcomes of primary trans-oral surgic tonsillar squamous cell carcinoma witl 6. Manuscript Identifying Number (if you k	n risk-adapted adjuvant	
Section 2. The Work Under C	Consideration for Publication	
	eive payment or services from a third party (government, g but not limited to grants, data monitoring board, study rest? Yes V No	
Section 3. Relevant financia	activities outside the submitted work.	
of compensation) with entities as desc	in the table to indicate whether you have financial ribed in the instructions. Use one line for each entity eport relationships that were present during the 3 0 rest? Yes V	y; add as many lines as you need by
Section 4. Intellectual Prope	erty Patents & Copyrights	
	nned, pending or issued, broadly relevant to the wo	rk? Yes 🗸 No

Dowthwaite 2



Section 5.				
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Dr. Dowthwaite	has nothing to disclose.			

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Panizza 1



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Panizza 2



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patent

O'Neill 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Samuel Dowthwaite
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Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

O'Neill 2



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Porceddu 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Samuel Dowthwaite
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Porceddu 2



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Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

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