

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mostafa

2. Surname (Last Name)
Alwan

3. Date
01-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Long term self-reported post-operative outcomes of endoscopic
and open pharyngeal pouch repairs

6. Manuscript Identifying Number (if you know it)

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Dr. Alwan 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) Debra	2. Surname (Last Name) Phyland	3. Date 01-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mostafa Alwan
5. Manuscript Title Long term self-reported post-operative outcomes of endoscopic and open pharyngeal pouch repairs		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Phyland has nothing to disclose.

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1. Given Name (First Name)
Eduard

2. Surname (Last Name)
Pudel

3. Date
01-May-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Mostafa Alwan

5. Manuscript Title
Long term self-reported post-operative outcomes of endoscopic
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Emma

2. Surname (Last Name)
Booth

3. Date
01-May-2019

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Corresponding Author's Name
Mostafa Alwan

5. Manuscript Title
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