

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.

2. The work under consideration for publication.

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Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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Relationships not covered above.

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Sang 1



Section 1.	Identifying Inform	ation		
1. Given Name (Firs Candice Chiew Yir	st Name)	2. Surname (Last Name) Sang		3. Date 12-September-2019
4. Are you the corre	4. Are you the corresponding author?			
 5. Manuscript Title Evaluating and comparing the efficacy of intratympanic high dose dexamethasone (24 mg/mL) and high dose methylprednisolone (125 mg/mL) as a primary and salvage treatment for idiopathic sudden sensorineural hearing loss 6. Manuscript Identifying Number (if you know it) 				
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any aspect of the su statistical analysis, e	ıbmitted work (including	but not limited to grants, d	n a third party (government, cor lata monitoring board, study de	mmercial, private foundation, etc.) for esign, manuscript preparation,
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Section 4.	Intellectual Proper	ty Patents & Copyri	ights	
	·		proadly relevant to the work?	Yes 🗸 No

Sang 2



Section 5.				
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement			
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Sang has not	hing to disclose.			

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Zhen 1



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Zhen 2



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