

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kapila	2. Surname (Last Name) Hari	3. Date 23-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name shivesh maharaj
5. Manuscript Title The Role of Tonsillar Actinomycosis in adult patients		
6. Manuscript Identifying Number (if you know it) AJO-19-38		

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.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr K.Hari has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Shivesh

2. Surname (Last Name)

Maharaj

3. Date

21-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The Role of Tonsillar Actinomycosis in adult patients

6. Manuscript Identifying Number (if you know it)

AJO-19-38

Section 2. The Work Under Consideration for Publication

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Dr. Maharaj has nothing to disclose.

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name shivesh maharaj
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Dr Shahpar Motakef has nothing to disclose.

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