

# ICMJE DISCLOSURE FORM

Date: 16.03.2021  
 Your Name: Johnny Wu  
 Manuscript Title: Readability and reliability of Rhinology patient information on Google  
 Manuscript number (if known): AJO-21-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>X</b> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <b>X</b> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>X</b> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>X</b> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <b>X</b> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>X</b> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <b>X</b> <input type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

Nil

**Please place an “X” next to the following statement to indicate your agreement:**

☒ **X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# ICMJE DISCLOSURE FORM

Date: 17-3-21

Your Name: Lynette Hunt

Manuscript Title: Readability and reliability of Rhinology patient information on Google

Manuscript number (if known): Manuscript Number AJO-21-2

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

*No conflict of interest.*

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

*LA Hunt.*

## ICMJE DISCLOSURE FORM

Date: 16 March 2021

Your Name: Dr. Andrew James Wood

Manuscript Title: **Readability and reliability of Rhinology patient information on Google**

Manuscript number (if known): AJO-21-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	

	medical writing, article processing charges, etc.) <b>No time limit for this item.</b>		
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Grant-funded research	Research grants obtained to support research costs from: 1. Waikato Medical Research Foundation 2. Waikato Clinical Campus Summer Studentship fund 3. Linsell Richards Education Fund
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8		None	

	Patents planned, issued or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests		The author is developing an open access internet resource for ENT patients ( <a href="http://www.ENTinfo.nz">www.ENTinfo.nz</a> ) with the assistance of a charitable donation from which no pecuniary benefit will be obtained.

**Please summarize the above conflict of interest in the following box:**

AJW reports research grants from: Waikato Medical Research Foundation, Waikato Clinical Campus Summer Studentship fund and Linsell Richards Education Fund. AJW is developing an open access internet resource for ENT patients ([www.ENTinfo.nz](http://www.ENTinfo.nz)) with the assistance of a charitable donation from which no pecuniary benefit will be obtained.

Please place an "X" next to the following statement to indicate your agreement:

  X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.