Date:10.11.21
Your Name:Kelvin M Kong
Manuscript Title:Otitis Media and Quality of Life In NSW Aboriginal ChildrenOtitis Media and Quality of Life In NSW Aboriginal Children
Manuscript number (if known):AJO-21-24

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.

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		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)
		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.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:	08.07.2021
Your Name:	_Sharron T Hall
Manuscript Title:_	Otitis Media and Quality of Life In NSW Aboriginal Children
Manuscript numbe	er (if known):

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_		Time frame: Since the initial	planning of the work
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	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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 place an "X" next to the following statement to indicate your agreement:

Date:5/11/2021
Your Name:Kerrin Palazzi
Manuscript Title:Otitis Media and Quality of Life in NSW Aboriginal Children
Manuscript number (if known): AJO-21-24

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	I	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:01.11.21
Your Name:Jack Faulkner
Manuscript Title:Otitis Media and Quality of Life In NSW Aboriginal ChildrenOtitis Media and Quality of
Manuscript number (if known):AJO-21-24

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.

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:01.11.21
Your Name:Brendan Hall
Manuscript Title:Otitis Media and Quality of Life In NSW Aboriginal Children
Manuscript number (if known):AJO-21-24

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.

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

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

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

Date:01.11.21
Your Name:Robert Eisenberg
Manuscript Title:Otitis Media and Quality of Life In NSW Aboriginal Children
Manuscript number (if known):AJO-21-24

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1	All support for the present	None	
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	provision of study materials,		
	medical writing, article		
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		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:01.11.21
Your Name:Niall Jefferson
Manuscript Title:Otitis Media and Quality of Life In NSW Aboriginal Children
Manuscript number (if known):AJO-21-24

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:1 November 2021	
Your Name:	Daron Cope
Manuscript Title:	Otitis Media and Quality of Life in NSW Aboriginal Children
Manuscript number (if known)	: AJO-21-24

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:01.11.21
Your Name:Johnson Huang
Manuscript Title:Otitis Media and Quality of Life In NSW Aboriginal Children
Manuscript number (if known):AJO-21-24

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:01.11.21
Your Name:Toby Corlette
Manuscript Title:Otitis Media and Quality of Life In NSW Aboriginal Children
Manuscript number (if known):AJO-21-24

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:01.11.21	
Your Name:Nicholas Young	
Manuscript Title:Otitis Media and Quality of Life In NSW Aboriginal Children	
Manuscript number (if known):AJO-21-24	

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

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

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

Date:01.11.21
Your Name: Caroline C Blackwell
Manuscript Title:Otitis Media and Quality of Life In NSW Aboriginal ChildrenOtitis Media and Quality of
Manuscript number (if known):AJO-21-24

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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