Date: 3rd March 2022

Your Name: Matthew Barton

Manuscript Title: Herpes Zoster Isolated in the Glossopharyngeal Nerve: A Case Report and Literature Review

Manuscript number (if known): AJO-21-29

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 <u>current</u> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
	L 4.11		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.		
	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			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	None			
	testimony	World			
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7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	None			
	pending				
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9	Participation on a Data Safety Monitoring Board or	None			
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,	Tronc			
	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			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

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

Date:3/3	3/2022						
Your Name:	1 619,1	9 /4/6	Combe				
Manuscript Title	: Herpes Zost	r Isolated in th	he Glossophary	ngeal Nerve?	A Case Report	and Literature Revie	2W
Manuscript num	ber (if known	: AJO-21-29					

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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.		A THE STATE OF STATE OF THE STA
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		4:4:	1.7
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4	Consulting fees	None	

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

 $\frac{\chi}{I}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Dr Craig McCombe MBBS FRACGP Redlands General Practice 221597YW



Date: 03/03/2022

Your Name: Dr Michael Todorovic

Manuscript Title: Herpes Zoster Isolated in the Glossopharyngeal Nerve: A Case Report and Literature

Review

Manuscript number (if known): AJO-21-29

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		Time frame: past	36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	News	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
8	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	
	Stock of Stock options	Tronc	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fo	ollowing box:

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

Date: 2nd March, 2022

Your Name: Mikaela L Stiver

Manuscript Title: Herpes Zoster Isolated in the Glossopharyngeal Nerve? A Case Report and Literature Review Manuscript number (if known): AJO-21-29

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1	All support for the present	None	
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	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10		None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	<u> </u>	
11	Stock or stock options	None	
12	Descint of acuipment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13		None	
	financial interests	TTOTIC	
Ρl	ease summarize the above co	onflict of interest in the f	following box:
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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:
Your Name:Brent McMonagle
Manuscript Title: Herpes Zoster Isolated in the Glossopharyngeal Nerve? A Case Report and Literature Review
Manuscript number (if known): AJO-21-29

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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	

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 Control of the C

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

NO	CONFLICT	OF	INTENEST	•

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

B. A. MEMONAGE 3/3/22.