

## ICMJE DISCLOSURE FORM

Date: 14 February 2022

Your Name: Emily Zhen

Manuscript Title: Midline Posterior Glossectomy and Lingual Tonsillectomy in Children with Refractory Obstructive Sleep Apnoea: factors that influence outcomes.

Manuscript number (if known): AJO-21-35

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>	None	
<b>Time frame: past 36 months</b>			
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 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:**

All authors have participated in (a) conception and design, or analysis and interpretation of the data; (b) drafting the article or revising it critically for important intellectual content; and (c) approval of the final version.

This manuscript has not been submitted to, nor is under review at, another journal or other publishing venue.

The authors have no affiliation with any organization with a direct or indirect financial interest in the subject matter discussed in the manuscript.

**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.

A handwritten signature in black ink, consisting of a large, stylized 'E' followed by a series of loops and a long horizontal stroke.

14/02/22

## ICMJE DISCLOSURE FORM

Date: 27/3/ 2022

Your Name: Alessandra Locatelli Smith

Manuscript Title: Midline Posterior Glossectomy and Lingual Tonsillectomy in Children with Refractory Obstructive Sleep Apnoea: factors that influence outcomes.

Manuscript number (if known): AJO-21-35

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

None
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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.**

## ICMJE DISCLOSURE FORM

Date: 12 June 2022

Your Name: Hayley Herbert

Manuscript Title: Midline Posterior Glossectomy and Lingual Tonsillectomy in Children with Refractory Obstructive Sleep Apnoea: factors that influence outcomes.

Manuscript number (if known): AJO-21-35

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This manuscript has not been submitted to, nor is under review at, another journal or other publishing venue.

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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.

A handwritten signature in black ink, appearing to be 'N. H. West'.

12/06/22



## ICMJE DISCLOSURE FORM

Date: 28/3/2022

Your Name: Shyan Vijayasekaran

Manuscript Title: Midline Posterior Glossectomy and Lingual Tonsillectomy in Children with Refractory Obstructive Sleep Apnoea: factors that influence outcomes

Manuscript number (if known): AJO-21-35-MS-4057 (1)

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Smith-Nephew – running educational events	Honorarium Paid to me
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:**

I have run educational events for Smith-Nephew. I am paid and honorarium for this as an external consultant. Smith-Nephew produce the coblation wands that are used in tongue surgery.

**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

 28/3/2022

**form.**