Date: 05/06/2022

Dutc. 05/ 00/ LULE
Your Name: Reza Bigdeli
Manuscript Title: Is there a consensus on peritonsillar abscess management? An audit of a tertiary hospital in Australia
Manuscript number (if known):

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5		_ XNone	

	Payment or honoraria for	
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	_ XNone
	testimony	
7	Support for attending	X None
,	meetings and/or travel	
	incettings and/or traver	
8	Patents planned, issued or	X None
	pending	
	periamb	
0	Participation on a Data	V. None
9	•	_ XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	_ XNone
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X None
	·	
12	Receipt of equipment,	X None
	materials, drugs, medical	
	writing, gifts or other	
	services	
42		V N
13	Other financial or non-	XNone
	financial interests	
Plea	ise summarize the above co	onflict of interest in the following box:
l N	lone.	

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

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

Date: 05/06/2022
Your Name: Joe Jabbour

Manuscript Title: Is there a consensus on peritonsillar abscess management? An audit of a tertiary hospital in Australia

Manuscript number (if known):______

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: Since the initialXNone	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	_ XNone	

5	Payment or honoraria for	_ XNone		
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_ XNone		
	testimony			
_				
7	Support for attending meetings and/or travel	_ XNone		
8	Patents planned, issued or	_ XNone		
	pending			
	5			
9	Participation on a Data Safety Monitoring Board or	XNone		
	Advisory Board			
10	Leadership or fiduciary role	Yes	Unpaid reviewer for Australian Journal of	
	in other board, society,		Otolaryngology	
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_ XNone		
12	Receipt of equipment,	V Nano		
12	materials, drugs, medical	XNone		
	writing, gifts or other			
	services			
13	Other financial or non-	_ XNone		
	financial interests			
DI	Planta and the state of the sta			

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

JJ s	JJ serves as an unpaid reviewer for Australian Journal of Otolaryngology.	

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.

in Australia

Date: 05/06/2022
Your Name: Mark Smith
Manuscript Title: Is there a consensus on peritonsillar abscess management? An audit of a tertiary hospital
Manuscript number (if known):

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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

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

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

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

form.

Date:	05	/06	/2022
Date.	UJ,	<i>,</i> 00	12022

Your Name: Niranjan Sritharan

Manuscript Title: Is there a consensus on peritonsillar abscess management? An audit of a tertiary hospital in Australia

Manuscript number (if known):

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>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5		_ XNone	

	Payment or honoraria for lectures, presentations, speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	_XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	_ XNone			
	Safety Monitoring Board or				
10	Advisory Board Leadership or fiduciary role	X None			
	in other board, society,				
	committee or advocacy group, paid or unpaid				
11	Stock or stock options	X None			
	·				
12	Descript of annions art	V. Nove			
12	Receipt of equipment, materials, drugs, medical	XNone			
	writing, gifts or other				
13	services Other financial or non-	X None			
13	financial interests	_ XNone			
Please summarize the above conflict of interest in the following box:					
N	lone.				

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.

Date: 05/06/2022	
------------------	--

Your Name: Faruque Riffat

Manuscript Title: Is there a consensus on peritonsillar abscess management? An audit of a tertiary hospital in Australia

Manuscript number (if known):______

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	_ XNone	
5		_ XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Yes	Unpaid Editorial Board Member of Australian Journal of Otolaryngology from January 2019 to December 2022 and unpaid reviewer for Australian Journal of Otolaryngology.	
11	Stock or stock options	_XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	_ XNone		
Please summarize the above conflict of interest in the following box:				

FR serves as an unpaid Editorial Board Member of <i>Australian Journal of Otolaryngology</i> from January 2019- December 2022 and unpaid reviewer for <i>Australian Journal of Otolaryngology</i> .		

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.