ICMJE DISCLOSURE FORM

Date: 17/12/22

Your Name: Samuel Peter Last

Manuscript Title: Acquired Subglottic Cysts: A Case-Control Study

Manuscript number (if known): AJO-22-36

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 initia	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.	None	
		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		None	

	Daywaant ay banayayia fay		
	Payment or honoraria for		
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
		None	
	Payment for expert	None	
	testimony		
	Support for attending	None	
	meetings and/or travel		
	Patents planned, issued or	None	
	pending		
	Participation on a Data	None	
	Safety Monitoring Board or	NOTIC	
	Advisory Board		
	Leadership or fiduciary role	None	
		None	
	in other board, society, committee or advocacy		
	group, paid or unpaid	None	
	Stock or stock options	None	
	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
_	services		
3	Other financial or non-	None	
	financial interests		
a	se summarize the above co	nflict of interest in the fo	ollowing box:
ea	se place an "X" next to the	following statement to in	ndicate your agreement:
	Land of the Land		and the solution of the soluti
_		ed every question and ha	ave not altered the wording of any of the questions or
	form.		

ICMJE DISCLOSURE FORM

Date: 17/12/22

Your Name: Chi Huan Ng

Manuscript Title: Acquired Subglottic Cysts: A Case-Control Study

Manuscript number (if known): AJO-22-36

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

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events			
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:				
Plea		_	licate your agreement: re not altered the wording of any of the questions on the	

Date:	_19/09/2023
Your Name:	John Wood
Manuscript '	Title:Acquired Subglottic Cysts: A Case-Control Study
Manuscript	number (if known):

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	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	

	Payment or honoraria for		
	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	Patents planned, issued or	None	
	pending		
0	Dawtisination on a Data	None	
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		Ness	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Other financial or non-	Nega	
13		None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
			- U

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

Date:	_22/09/2023
Your Name:	: Shripad Rao
Manuscript	Title:Acquired Subglottic Cysts: A Case-Control Study
Manuscript	number (if known):

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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.		
		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	

	Payment or honoraria for lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
0	Detects planted issued as	None	
8	Patents planned, issued or pending	None	
	perianig		
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	
12	materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	llowing box:

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.

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Date: 17/12/22

Your Name: Shyan Vijayasekaran

Manuscript Title: Acquired Subglottic Cysts: A Case-Control Study

Manuscript number (if known): AJO-22-36

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		- : .	25
	-	Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
3	in item #1 above).	None	
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	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	Yes	Shyan Vijayasekaran serves as an unpaid Editorial Board	
	in other board, society,		Member of Australian Journal of Otolaryngology	
	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	se summarize the above co	nflict of interest in th	ne following box:	

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