Date:_11/06/2023
Your Name: Fred Chuang
Manuscript Title: A single-surgeon study of post-tonsillectomy haemorrhage rates between BiZact and bipolar
tonsillectomies.
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	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				
	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	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				
	financial interests					
Dlas	Please summarize the above conflict of interest in the following box:					

None		

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:_11/06/2023
Your Name: Rhondda Jones
Manuscript Title: A single-surgeon study of post-tonsillectomy haemorrhage rates between BiZact and bipolar
tonsillectomies.
Manuscript number (if known):

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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	None	oo monens
_	any entity (if not indicated in item #1 above).	Thomas and the second s	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None				
6	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				
	Places supposed the above conflict of interest in the following boy.					

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

None			

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. Rhonolda & Jones

Date:	11/6/2023	
Your Name:	Gavin Sean Quail_	
Manuscript Title:	A single-surgeon study	y of post-tonsillectomy haemorrhage rates between BiZact and bipolar
tonsillectomies.		
Manuscript num	ber (if known):	

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	processing charges, etc.)		
	No time limit for this item.		
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	in item #1 above).		
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:

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

Signer ID: L8GJFKIX10...

Date:	8 th	June	2023
vale.	0	June	ZUZ 3

Your Name: Bernard C SWhitfield

Manuscript Title: A single-surgeon study of post-tonsillectomy haemorrhage rates between BiZact and bipolar

tonsillectomies.

Manuscript number	(if known):	:
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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		
6	Payment for expert	None	
	testimony		
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,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests	Tronc	
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	Name:SUKHBIR AHLUWAL	 ΙΔ	-		
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	ct and bipolar tonsillectom	• 1	omy nacinomiage rates between		
	uscript number (if	105.			
	/n):				
					
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partie	es whose interests may be af sents a commitment	fected by the content of th	e manuscript. Disclosure		
to tra			ou are in doubt about whether to do so.		
to the	ollowing questions apply to t e <u>current</u> <u>iscript only</u> .	the author's relationships/a	activities/interests as they relate		
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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	
	meetings and/or traver		
8	Patents planned, issued or pending	None	
	Penamb		
9	Participation on a Data	None	

	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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