

## ICMJE DISCLOSURE FORM

Date: 10/9/23

Your Name: Antonia Rowson

Manuscript Title: Sensorineural hearing loss in otic capsule-sparing petrous temporal bone fractures: an under-recognised phenomenon

Manuscript number (if known): AJO-23-44

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>	<u>None</u>	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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:**

No conflicts of interest to declare.

**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.**

## ICMJE DISCLOSURE FORM

Date: 12/9/23  
 Your Name: Matthew Yii  
 Manuscript Title Sensorineural hearing loss in otic capsule-sparing petrous temporal bone fractures: an under-recognised phenomenon  
 Manuscript number (if known): AJO-23-44

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.

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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: 14/9/23

Your Name: Michelle Truong

Manuscript Title: Sensorineural hearing loss in otic capsule-sparing petrous temporal bone fractures: an under-recognised phenomenon

Manuscript number (if known): AJO-23-44

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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: 11/09/23\_\_\_\_\_

Your Name: Joseph Kilby\_\_\_\_\_

Manuscript Title: Sensorineural hearing loss in otic capsule-sparing petrous temporal bone fractures: an under-recognised phenomenon\_\_\_\_\_

Manuscript number (if known): AJO-23-44\_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 14/9/23

Your Name: Hannah Tan

Manuscript Title: Sensorineural hearing loss in otic capsule-sparing petrous temporal bone fractures: an under-recognised phenomenon

Manuscript number (if known): AJO-23-44

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## ICMJE DISCLOSURE FORM

Date: 14/9/23

Your Name: Chrisdan Gan

Manuscript Title: Sensorineural hearing loss in otic capsule-sparing petrous temporal bone fractures: an under-recognised phenomenon

Manuscript number (if known): AJO-23-44

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**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: 11/9/23  
 Your Name: HOWARD WEBB  
 Manuscript Title: Sensorineural hearing loss in otic capsule spanning petrous temporal bone fractures  
 Manuscript number (if known): AJO-23-44

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

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:

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: 11/09/23

Your Name: Fiona Hill

Manuscript Title: 'Sensorineural hearing loss in otic capsule-sparing petrous temporal bone fractures: an under-recognised phenomenon'

Manuscript number (if known): AJO-23-44

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.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	→ Support from "Cochlear"™ to attend cochlear conferences.
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Fiona Hill received support from Cochlear™ to attend cochlear conferences.

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.

J-H-11