

ICMJE DISCLOSURE FORM

Date: 14/3/24

Your Name: Akila Wijesekera

Manuscript Title: Fungal Laryngitis Management in Immunocompetent Patients: A Systematic Review

Manuscript number (if known): AJO-24-8

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**.

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| Time frame: Since the initial planning of the work | | | |
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| Time frame: past 36 months | | | |
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Your Name: Mithma Ekanayake

Manuscript Title: Fungal Laryngitis Management in Immunocompetent Patients: A Systematic Review

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Date: 14/3/24

Your Name: Naduni Wijesekera

Manuscript Title: Fungal Laryngitis Management in Immunocompetent Patients: A Systematic Review

Manuscript number (if known): AJO-24-8

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Date: 14/3/24

Your Name: Yun-Hsuan Lee

Manuscript Title: Fungal Laryngitis Management in Immunocompetent Patients: A Systematic Review

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Your Name: Elizabeth Hodge

Manuscript Title: _Fungal Laryngitis Management in Immunocompetent Patients: A Systematic Review

Manuscript number (if known): AJO-24-8

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