

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1.	tion 1. Identifying Information							
1. Given Name (First Name) Marina		2. Surname (Last Name) Brimioulle	3. Date 03-May-2021					
4. Are you the cor	responding author?	✓ Yes No						
5. Manuscript Title The efficacy of te	e elephone consultations	in ENT						
6. Manuscript Idei	ntifying Number (if you ki	now it)						

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Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

Are there any relevant conflicts of interest?		Yes	
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No



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Dr. Brimioulle has nothing to disclose.

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1. Given Name (First Name) Prathibha	2. Surname (Last Name) Nanoo	3. Date 03-May-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Marina Brimioulle
5. Manuscript Title The efficacy of telephone consultatic	ns in ENT	

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