ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   ANGERS

2. Surname (Last Name)  
   MAGSEN

3. Date  
   09.05.19

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   Tollas Todsen

5. Manuscript Title  
   Transoral ultrasound in the management of peritonsillar infections: protocol for a multicenter RCT

6. Manuscript Identifying Number (if you know it)  
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Section 1. Identifying Information

1. Given Name (First Name)  Mads Georg
2. Surname (Last Name)  Stage
3. Date  16-April-2019
4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name  Tobias Todsen

5. Manuscript Title
Transoral ultrasound in the management of peritonsillar infections: protocol for a multicenter RCT

6. Manuscript Identifying Number (if you know it)
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Dr. Stage has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jacob

2. Surname (Last Name)  
   Melchiors

3. Date  
   04-17-19

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Tobias Todsen

5. Manuscript Title  
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1. Given Name (First Name)  
   Christian

2. Surname (Last Name)  
   Godballe

3. Date  
   06-May-2019

4. Are you the corresponding author?  
   Yes  
   No

   Corresponding Author’s Name  
   Tobias Todsen

5. Manuscript Title  
   Transoral ultrasound in the management of peritonsillar infections: protocol for a multicenter RCT

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Christoffer Holst

2. Surname (Last Name)  
   Hahn

3. Date  
   06-May-2019

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

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   Tobias Todsen

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Dr. Hahn has nothing to disclose.

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>Sanne Høxbroe</td>
<td>Michaelsen</td>
<td>19-April-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author’s Name

Tobias Todsen

5. Manuscript Title

Transoral ultrasound in the management of peritonsillar infections: protocol for a multicenter RCT

6. Manuscript Identifying Number (if you know it)

NCT03824288

### 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.)?

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No
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Dr. Michaelsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Martin

2. Surname (Last Name)  
Tolsgaard

3. Date  
25-April-2019

4. Are you the corresponding author?  
[ ] Yes  ☑ No

Corresponding Author’s Name  
Tobias Todsen

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<td>2. Surname (Last Name)</td>
<td>Todsen</td>
</tr>
<tr>
<td>3. Date</td>
<td>18-May-2019</td>
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<tr>
<td>4. Are you the corresponding author?</td>
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Are there any relevant conflicts of interest? ☐ Yes | ✓ No

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