

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)

Lars

2. Surname (Last Name)

Juul Hansen

3. Date

29-October-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Validating the 7-item Eustachian Tube Dysfunction Questionnaire (ETDQ-7) in Danish

6. Manuscript Identifying Number (if you know it)

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Dr. Juul Hansen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Henrik

2. Surname (Last Name)
Glad

3. Date
29-October-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lars Juul Hansen

5. Manuscript Title
Validating the 7-item Eustachian Tube Dysfunction Questionnaire (ETDQ-7) in Danish

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

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Section 1. Identifying Information

1. Given Name (First Name) Andreas	2. Surname (Last Name) Jørkov	3. Date 30-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lars Juul Hansen
5. Manuscript Title Validating the 7-item Eustachian Tube Dysfunction Questionnaire (ETDQ-7) in Danish		
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Kira

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Lundin

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30-October-2019

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Lars Juul Hansen

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Malene

2. Surname (Last Name)
Kirchmann

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30-October-2019

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Yes No

Corresponding Author's Name
Lars Juul Hansen

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