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Section 1. Identifying Information

1. Given Name (First Name) Minna Onat
2. Surname (Last Name) Hald
3. Date 03-June-2020
4. Are you the corresponding author? Yes ☑ No

5. Manuscript Title
Characterisation of patients with idiopathic olfactory dysfunction and plan for clinical follow up

6. Manuscript Identifying Number (if you know it)

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.)?

Are there any relevant conflicts of interest? Yes ☐ No ☑

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Are there any relevant conflicts of interest? Yes ☐ No ☑

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Dr. Hald 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)  
   Alexander

2. Surname (Last Name)  
   Fjaeldstad

3. Date  
   03-June-2020

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

   Corresponding Author's Name  
   Minna Onat Hald

5. Manuscript Title  
   Characterisation of patients with idiopathic olfactory dysfunction and plan for clinical follow up

6. Manuscript Identifying Number (if you know it)

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.)?

Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   ☐ Yes  ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Fjaeldstad has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Søren

2. **Surname (Last Name)**
   - Kjær

3. **Date**
   - 03-June-2020

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

   **Corresponding Author's Name**
   - Minna Onat Hald

5. **Manuscript Title**
   - Characterisation of patients with idiopathic olfactory dysfunction and plan for clinical follow up

6. **Manuscript Identifying Number (if you know it)**
   - 

### Section 2. The Work Under Consideration for Publication

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   - No ✔

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Section 1. Identifying Information

1. Given Name (First Name)
   Therese

2. Surname (Last Name)
   Ovesen

3. Date
   03-June-2020

4. Are you the corresponding author?
   Yes    ☐ No

   Corresponding Author’s Name
   Minna Onat Hald

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