

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)

Nikeith

2. Surname (Last Name)

John

3. Date

19-May-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

A Randomised Control Trial to evaluate a Novel 3D Animation for Patient Education on Menières Disease

6. Manuscript Identifying Number (if you know it)

AJO-19-71

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Dr. John has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Jacob

2. Surname (Last Name)

Campbell

3. Date

05-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Payal Mukherjee

5. Manuscript Title

A Randomised Control Trial to evaluate a Novel 3D Animation for Patient Education on Menière's Disease

6. Manuscript Identifying Number (if you know it)

AJO-19-71

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1. Given Name (First Name)

Samuel

2. Surname (Last Name)

Morris

3. Date

18-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Nikeith John

5. Manuscript Title

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