ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. **Identifying information.**

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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

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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Section 6. Disclosure Statement

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Dr. John has nothing to disclose.

Evaluation and Feedback

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Jacob</td>
<td>Campbell</td>
<td>05-May-2020</td>
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<th>4. Are you the corresponding author?</th>
<th>5. Manuscript Title</th>
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<tr>
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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

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   Payal

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   Mukherjee

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Corresponding Author's Name
   Nikeith John

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