ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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.

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Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  William
2. Surname (Last Name)  Shute
3. Date  13-November-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Unilateral choanal atresia first diagnosed in adulthood and repaired via endoscopic posterior septectomy – A case series and review of the literature
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Shute has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent
## Section 1. Identifying Information

1. Given Name (First Name)  
   Eugene

2. Surname (Last Name)  
   Wong

3. Date  
   11-August-2020

4. Are you the corresponding author?  
   [ ] Yes  ✔ No  
   Corresponding Author’s Name  
   William Shute

5. Manuscript Title  
   Unilateral choanal atresia first diagnosed in adulthood and repaired via endoscopic posterior septectomy - a case series and review of the literature

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## 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. Wong has nothing to disclose.

Evaluation and Feedback

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<thead>
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<th>1. Given Name (First Name)</th>
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<td>Nicholas</td>
<td>Agar</td>
<td>11-June-2020</td>
<td>☑ No</td>
<td>Unilateral choanal atresia first diagnosed in adulthood and repaired via endoscopic posterior septectomy – A case series and review of the literature</td>
<td>0000-0002-5799-5083</td>
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Section 1. Identifying Information
1. Given Name (First Name) Narinder
2. Surname (Last Name) Singh
3. Date 08-November-2020
4. Are you the corresponding author? [ ] Yes [X] No

5. Manuscript Title
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