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Your name:	Kristine Grubbe Gregersen	*	
Manuscript ti	le: Retrograd krikofaryngeus dysfunktion		
Manuscript no	ımber (if known): UFL-12-24-0924		-
	imber (if known): UFL-12-24-0924		

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Tim	e frame: Since the initial plan	Name all entities with whom you have this relationship or indicate none (add rows as needed) ining of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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Tim	e frame: past 36 months		CONSTRUCTION OF THE SECTION OF THE SECTION OF	
2	Grants or contracts from	⊠ None		
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	in item #1 above).		<u> </u>	
2	Davidia automas	67.01		
3	Royalties or licenses	⊠ None		

4 Consulting fees None		⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus,	
=	manuscript writing or	
•	educational events	
6	Payment for expert	⊠ None
"	testimony	□ None
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7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
 °	pending	⊠ None
	Pending	
9 ,	Participation on a Data	⊠ None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	⊠ None
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12	Receipt of equipment,	⊠ None
	materials, drugs, medical	
	writing, gifts or other services	
	SEI AICES	
13	Other financial or non-	⊠ None
	financial interests	

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ur name: Dalia Gu	ustaityte Larsen	·
nuscript title:	Retrograd Krikofaryngeus d	ysfunktion
nuscript number (if know	n): UFL-12-24-0924	
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4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None State
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	⊠ None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None
11	Stock or stock options	⊠ None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
13	Other financial or non- financial interests	⊠ None

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You	ır name:	Padraig C	'Leary	
Ma	nuscript title:		Retrograd Krikofaryngeal Dy	rsfunktion
Ма	nuscript number	(if known): UFL-12-24-0924	
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			port for the work reporte disclosure is the past 36	d in this manuscript without time limit. For all months.
			Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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2	Grants or contraction any entity (if not in item #1 above)	indicated	⊠ None	
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	educational events	
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8	Patents planned, issued or	⊠ None
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9	Participation on a Data	⊠ None
• .	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
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	advocacy group, paid or	
	unpaid	
11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical	
	writing, gifts or other services	
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13	Other financial or non-	⊠ None
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You	ur name:	Jesper Ba	lle	
Ma	nuscript title:	F	Retrograd Krikofaryngeus D	ysfunktion
Ma	nuscript number	(if known): UFL-12-24-0924	
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	speakers bureaus, manuscript writing or	
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6	Payment for expert	⊠ None
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7	Support for attending	⊠ None
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8	Patents planned, issued or	⊠ None
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9	Participation on a Data	⊠ None
3	Safety Monitoring Board	△ None
	or Advisory Board	
10	Leadership or fiduciary role in other board,	⊠ None
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12	Receipt of equipment, materials, drugs, medical	⊠ None
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Your name:	Kristian Hveys	sel Bork		
Manuscript title:	retro	grad krikofaryngeal dysfunkt	tion	
Manuscript number	er (if known):	UFL-12-24-0924		

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3	Royalties or licenses	⊠ None	

5 Payment or honoraria for lectures, presentations,		
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