

#### **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.

## Identifying information.

## 2. The work under consideration for publication.

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## 4. Intellectual Property.

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Warner 1



Section 1. Identifying Inform	nation			
Given Name (First Name) Tine	2. Surname (Last Name) Warner	3. Date 29-July-2014		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Neuritis vestibularis hos en treårig drer	ng			
6. Manuscript Identifying Number (if you know it) UFL-04-14-0226.R3				
Section 2. The Work Under Consideration for Publication				
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Section 4. Intellectual Prope	rty Patents & Copyrights			
Do you have any patents, whether plan	nned, pending or issued, broadly relevant to the work	x? ☐ Yes ✓ No		

Warner 2



Section 5.	Deletionaline not consulate one			
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Dr. Warner has n	othing to disclose.			

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Petersen 1



Section 1. Identifying Infor	rmation			
1. Given Name (First Name) Anita	2. Surname (Last Name) Petersen	3. Date 31-July-2014		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Tine Caroc Warner		
5. Manuscript Title Neuritis vestibularis hos en treårig dre	eng			
6. Manuscript Identifying Number (if you UFL-04-14-0226.R3	know it)			
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Longin 1



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1. Given Name (Fir Elke	st Name)	2. Surname (Last Name) Longin	3. Date 02-August-2014	
4. Are you the corr	responding author?	Yes ✓ No	Corresponding Author's Name Tine Caroc Warner	
5. Manuscript Title Neuritis vestibula	e aris hos en treårig dren	g		
6. Manuscript Iden	ntifying Number (if you kn	now it)		
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