

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Leise

2. Surname (Last Name)  
Korsager

3. Date  
06-June-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Temporary vestibulopathy following cochlear implantation: a case report

6. Manuscript Identifying Number (if you know it)  
UFL-06-16-0393

### 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.)?

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The Oticon Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Med-el G.m.b.H.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Danaflex a/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jens

2. Surname (Last Name)

Wanscher

3. Date

08-June-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Leise Korsager

5. Manuscript Title

Temporary vestibulopathy following cochlear implantation detected by the video head impulse test: a case report

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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 Yes No

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Are there any relevant conflicts of interest?

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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Wanscher has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jesper Hvass

2. Surname (Last Name)

Schmidt

3. Date

08-June-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Leise Korsager

5. Manuscript Title

Temporary vestibulopathy following cochlear implantation: a case report

6. Manuscript Identifying Number (if you know it)

UFL-06-16-0393

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Dr. Schmidt has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Christian	2. Surname (Last Name) Faber	3. Date 17-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Leise Korsager
5. Manuscript Title Temporary vestibulopathy following cochlear implantation: a case report		
6. Manuscript Identifying Number (if you know it) UFL-06-16-0393		

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