

## 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Lene

2. Surname (Last Name)  
Siggaard

3. Date  
22-January-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Good adherence to national clinical guidelines concerning tympanostomy tube insertion by private Danish ear-nose & throat specialists

6. Manuscript Identifying Number (if you know it)  
UFL-01-19-0041

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Dr. Siggaard 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) Thomas	2. Surname (Last Name) Barrett	3. Date 22-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lene Dahl Siggaard
5. Manuscript Title Good adherence to national clinical guidelines concerning tympanostomy tube insertion by private Danish ear-nose & throat specialists		
6. Manuscript Identifying Number (if you know it) UFL-01-19-0041		

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

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Dr. Barrett has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Lüscher

3. Date  
22-January-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Lene Dahl Siggaard

5. Manuscript Title  
Good adherence to national clinical guidelines concerning tympanostomy tube insertion by private Danish ear-nose & throat specialists

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Dr. Lüscher 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) Peter	2. Surname (Last Name) Tingsgaard	3. Date 22-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lene Dahl Siggaard
5. Manuscript Title Good adherence to national clinical guidelines concerning tympanostomy tube insertion by private Danish ear-nose & throat specialists		
6. Manuscript Identifying Number (if you know it) UFL-01-19-0041		

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Dr. Tingsgaard has nothing to disclose.

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1. Given Name (First Name) Preben	2. Surname (Last Name) Homøe	3. Date 22-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lene Dahl Siggaard
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Dr. Homøe has nothing to disclose.

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