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| You | r name: Lotte Buskbjerg N | løhr | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mai | nuscript title: Chronic rhir | nosinusitis and asthma – adhe | erence to guidelines prior to endoscopic sinus surgery |
| Mai | nuscript number (if know | n): Not known | |
| are re third comr | elated to the content of y parties whose interests n nitment to transparency a | our manuscript. "Related" nay be affected by the con | relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. |
| The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u> . | | | |
| The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. | | | |
| In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 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) |
| Time | e frame: Since the initial pla | nning of the work | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, | | |
| | etc.) | | |

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| Tim | Time frame: past 36 months | | | |
|-----|------------------------------|---------------|--|--|
| | | | | |
| 2 | Grants or contracts from | None | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |
| | | | | |
| 3 | Royalties or licenses | ⊠ None | | |
| | | | | |
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No time limit for this

item.

Date:

11. april 2023

| 4 | Consulting fees | ⊠ None | |
|--------------|-------------------------------------------------------------------------------------------|---------------|--|
| | | | |
| | | | |
| le s n | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or | ⊠ None | |
| | educational events | | |
| 6 | Payment for expert testimony | ⊠ None | |
| 7 | Company for attanding | N. Alexandre | |
| , | 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, | ⊠ None | |
| | society, committee or advocacy group, paid or | | |
| | | | |
| | unpaid | | |
| 11 | Stock or stock options | ⊠ None | |
| | | | |
| 42 | Descript of a main many | 57 | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
| | | | |
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| | | | |
| 13 | Other financial or non- financial interests | None | |
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| Dat | e: April 12, 2023 | | | |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| You | r name: Therese Ovesen | | | |
| Ma | nuscript title: Chronic rhino | sinusitis and asthma – adher | ence to guidelines prior to endoscopic sinus surgery | |
| Ma | nuscript number (if known) | : Not known | | |
| are thir con | 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. | | | |
| | following questions apply t nuscript only. | to the author's relationship | os/activities/interests as they relate to the <u>current</u> | |
| per | The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. | | | |
| | em #1 below, report all super items, the time frame for | • | 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) | |
| Tim | e frame: Since the initial plan | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X□ None | | |
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| | | | Click TAB in last row to add extra rows | |
| Tim | e frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X□ None | | |
| 3 | Royalties or licenses | □ None Munksgaards Forlag | Textbook | |

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FADLs Forlag

| 4 | Consulting fees | X□ None | | |
|------|---------------------------------------------------------------------------------|---------------------------------------------------------------------|--|--|
| | | | | |
| | | | | |
| 5 | Payment or honoraria for | □ None | | |
| | lectures, presentations, | European Odontology Invited speaker, September 2022 | | |
| | speakers bureaus, manuscript writing or | | | |
| | educational events | | | |
| | eddedional events | | | |
| 6 | Payment for expert testimony | X□ None | | |
| | | | | |
| | | | | |
| 7 | Support for attending | X□ None | | |
| | meetings and/or travel | | | |
| | | | | |
| 8 | Patents planned, issued or | X□ None | | |
| 8 | pending | ∧∟ None | | |
| | Ferram-8 | | | |
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| 9 | Participation on a Data | X□ None | | |
| | Safety Monitoring Board or Advisory Board | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | X□ None | | |
| | in other board, society, committee or advocacy group, paid or unpaid | | | |
| | | | | |
| | | | | |
| | | | | |
| 11 | Stock or stock options | X□ None | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other | X□ None | | |
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| | | | | |
| | services | | | |
| 13 | Other financial or non-financial interests | X□ None | | |
| 15 | | ALI None | | |
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| Plea | Please place an "X" next to the following statement to indicate your agreement: | | | |
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| X□ | I certify that I have answ | vered every question and have not altered the wording of any of the | | |
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| Date | e : 11. april 2023 | | |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| You | r name : Kasra Zainali-Gi | II | |
| Mar | nuscript title: Chronic rhinos | sinusitis and asthma – adher | ence to guidelines prior to endoscopic sinus surgery |
| | nuscript number (if known) | | |
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| are re third comn list a | elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere | ur manuscript. "Related" i ay be affected by the cont nd does not necessarily inc est, it is preferable that yo | |
| | ollowing questions apply to uscript only. | o the author's relationship | os/activities/interests as they relate to the <u>current</u> |
| perta | ins to the epidemiology of | hypertension, you should | defined broadly. For example, if your manuscript declare all relationships with manufacturers of the manuscript. |
| | m #1 below, report all support items, the time frame for | • | d in this manuscript without time limit. For all nonths. |
| | | 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) |
| Time | e frame: Since the initial plan | • | |
| 1 | All support for the present | None Non | |
| | manuscript (e.g., funding, provision of study | | |
| | materials, medical writing, | | |
| | article processing charges, | | |
| | etc.) | | |
| | No time limit for this | | |
| | item. | | |
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| Time | e frame: past 36 months | | |
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| 2 | Grants or contracts from | ☐ None | |
| | any entity (if not indicated in item #1 above). | Puljen til styrkelse af sundhedsforskning i RM | Institution |
| | | Forskningsfond Regionshospitalet Gødstru | Institition |
| 3 | Royalties or licenses | None Non | |
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| 4 | Consulting fees | None | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ⊠ None | |
| 6 | Payment for expert | | |
| U | testimony | △ None | |
| | , , | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None Non | |
| | meetings and/or traver | | |
| | | | |
| 8 | Patents planned, issued or | None Non | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | None Non | |
| | Safety Monitoring Board | | |
| | or Advisory Board | | |
| 10 | Leadership or fiduciary | | |
| | role in other board, society, committee or advocacy group, paid or | 2 140110 | |
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| | | | |
| | unpaid | | |
| 11 | Stock or stock options | None Non | |
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| 12 | Receipt of equipment, | | |
| 12 | materials, drugs, medical writing, gifts or other services | M INUITE | |
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| 12 | Other financial as non | ™ N | |
| 13 | Other financial or non- financial interests | | |
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