

ICMJE DISCLOSURE FORM

Date: 4/3/2025

Your Name: Peter Juul Ladegaard

Manuscript Title: Diurnal variations in 459 cases of Post tonsillectomy hemorrhage

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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Date: 4/3/2025

Your Name: Anette Kjeldsen

Manuscript Title: Diurnal variations in 459 cases of Post tonsillectomy hemorrhage

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Your Name: Knud Larsen

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