# ICMJE DISCLOSURE FORM

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**Date**: 29. april 2025

**Your name**: Martin Mølhave

**Manuscript title**: Postoperative Care and Complications Following Transoral Robotic Surgery for Obstructive Sleep Apnea

**Manuscript number** (if known): -

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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**Time frame: past 36 months**

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| 3 | Royalties or licenses | ☒ **None** | |
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| 13 | Other financial or non-financial interests | ☒ **None** | |
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**Date**: 29. april 2025

**Your name**: Sara Svanesøe

**Manuscript title**: Postoperative Care and Complications Following Transoral Robotic Surgery for Obstructive Sleep Apnea

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**Date**: 8. maj 2025

**Your name**: Winnie Aggerholm

**Manuscript title**: Postoperative Care and Complications Following Transoral Robotic Surgery for Obstructive Sleep Apnea

**Manuscript number** (if known): -

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**Date**: 30. april 2025

**Your name**: Jannik Buus Bertelsen

**Manuscript title**: Postoperative Care and Complications Following Transoral Robotic Surgery for

**Manuscript number** (if known): -

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**Date:** Klik eller tryk for at angive en dato. 5/5-2025

**Your name:** KASRA ZAINALI-GILL

**Manuscript title:** Postoperative Care and Complications Following Transoral Robotic Surgery for

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