

# ICMJE DISCLOSURE FORM

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**Date:** 10. november 2024

**Your name:** Benjamin Seddighi

**Manuscript title:** Effectiveness of Sialendoscopy for Salivary Gland Occlusions

**Manuscript number (if known):**

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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)
<b>Time frame: Since the initial planning of the work</b>			
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3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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**Date:** 7. november 2024

**Your name:** Ali Abood

**Manuscript title:** Effectiveness of Sialendoscopy for Salivary Gland Occlusions

**Manuscript number (if known):**

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**Date:** 6. november 2024

**Your name:** Therese Ovesen

**Manuscript title:** Effectiveness of Sialendoscopy for Salivary Gland Occlusions

**Manuscript number (if known):**

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