

# ICMJJE DISCLOSURE FORM

**Date:** 15092022

**Your Name:** HM Blom

**Manuscript Title:** Laser treatment of the tonsils in adults on an outpatient basis

**Manuscript Number (if known):** Click or tap here to enter text.

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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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6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

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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	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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