

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alexander

2. Surname (Last Name)
Aaronson

3. Date
17-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Raimo Tuuminen

5. Manuscript Title

Cataract complications study: an analysis of adverse effects among 14520 eyes in relation to surgical experience

6. Manuscript Identifying Number (if you know it)

ATM-2020-RCS-05(ATM-20-845)

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Dr. Aaronson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Antti

2. Surname (Last Name)
Viljanen

3. Date
17-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Raimo Tuuminen

5. Manuscript Title

Cataract complications study: an analysis of adverse effects among 14520 eyes in relation to surgical experience

6. Manuscript Identifying Number (if you know it)

ATM-2020-RCS-05(ATM-20-845)

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Dr. Viljanen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Piotr	2. Surname (Last Name) Kancierz	3. Date 17-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Raimo Tuuminen
5. Manuscript Title Cataract complications study: an analysis of adverse effects among 14520 eyes in relation to surgical experience		
6. Manuscript Identifying Number (if you know it) ATM-2020-RCS-05(ATM-20-845)		

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1. Given Name (First Name)
Andrzej

2. Surname (Last Name)
Grzybowski

3. Date
17-March-2020

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Yes No

Corresponding Author's Name
Raimo Tuuminen

5. Manuscript Title

Cataract complications study: an analysis of adverse effects among 14520 eyes in relation to surgical experience

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Raimo

2. Surname (Last Name)
Tuuminen

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17-March-2020

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Yes No

Corresponding Author's Name
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