

ICMJE DISCLOSURE FORM

Date: June 9th, 2022

Your Name: Young-Sik Yoo

Manuscript Title: One-year long-term clinical outcomes following diffractive trifocal toric intraocular lens implantation; retrospective observational case series study

Manuscript number (if known): ATM-22-1007

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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		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)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
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None.

Please place an “X” next to the following statement to indicate your agreement:

☒ X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: June 9th, 2022

Your Name: Dong Won Paik

Manuscript Title: One-year long-term clinical outcomes following diffractive trifocal toric intraocular lens implantation; retrospective observational case series study

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Date: June 9th, 2022

Your Name: Dong Hui Lim

Manuscript Title: One-year long-term clinical outcomes following diffractive trifocal toric intraocular lens implantation; retrospective observational case series study

Manuscript number (if known): ATM-22-1007

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Ministry of Health & Welfare, Republic of Korea	This work was supported by a grant from the Korea Health Technology R&D Project through the Korea Health Industry Development Institute (KHIDI).
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This work was supported by a grant from the Korea Health Technology R&D Project through the Korea Health Industry Development Institute (KHIDI) funded by the Ministry of Health & Welfare, Republic of Korea (HC19C0142).

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Date: June 9th, 2022

Your Name: Tae-Young Chung

Manuscript Title: One-year long-term clinical outcomes following diffractive trifocal toric intraocular lens implantation; retrospective observational case series study

Manuscript number (if known): ATM-22-1007

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