

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christopher

2. Surname (Last Name)
Leffler

3. Date
28-June-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
The History of Cataract Surgery: from Couching to Phacoemulsification

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Leffler has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrey	2. Surname (Last Name) Klebanov	3. Date 28-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christopher T. Leffler
5. Manuscript Title The History of Cataract Surgery: from Couching to Phacoemulsification		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Klebanov has nothing to disclose.

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1. Given Name (First Name) Wasim	2. Surname (Last Name) Samara	3. Date 27-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title The History of Cataract Surgery: from Couching to Phacoemulsification.		
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1. Given Name (First Name) Andrzej	2. Surname (Last Name) Grzybowski	3. Date 28-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title The History of Cataract Surgery: from Couching to Phacoemulsification.		
6. Manuscript Identifying Number (if you know it) ATM-2019-RCS-04		

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