ICMJE DISCLOSURE FORM

Date:	4/27/2022 Gurinder Singh, MD, MHA, Clinical Professor of Ophthalmology	
Your Name:		
Manuscript Title:	Does Everyone Understand the Terminology 'Borrowed' from Computer Sciences Creeping into Medical Sciences?	
Manuscript Number (if known):	ATM-22-2054	

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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)	
		Time frame: Since the initial planning of the work		
	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.	Image: Second system Time frame: past 36 months	Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None		
3	Royalties or licenses	None		

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None [
7	Support for attending meetings and/or travel	[⊠] None [
8	Patents planned, issued or pending	[⊠] None [
9	Participation on a Data Safety Monitoring Board or Advisory Board	 [⊠] None [
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None [

		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)	
11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None [
Please place an "X" next to the following statement to indicate your agreement:				
	Solution I certify that I have answered every question and have not altered the wording of any of the questions on this form.			