ICMJE DISCLOSURE FORM

re: 06/09/2022
ur Name:Ho Geol Woo
nuscript Title: Simultaneous bilateral central retinal artery occlusion in a patient with dilated cardiomyopathy_
nuscript number (if known):
he interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are atted to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third
ties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment
ransparency and does not necessarily indicate a bias. If you are in doubt about whether to list a

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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
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.	_ XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	XNone	

	manuscript writing or educational events			
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending meetings and/or travel	X None		
	3			
8	Patents planned, issued or	V None		
0	pending	X None		
	penamg			
9	Participation on a Data	X None		
	Safety Monitoring Board or	XNone		
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	X None		
12	Receipt of equipment,	X None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	None.			
Plea	Please place an "X" next to the following statement to indicate your agreement:			

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form.

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Date	e:06/09/2022		
Mar	r Name: Sangil Park nuscript Title: Simultaned nuscript number (if known):		l artery occlusion in a patient with dilated cardiomyopathy
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	following questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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lectures, presentations,

X __None

	manuscript writing or educational events			
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	testimony			
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8	Patents planned, issued or pending	XNone		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	X None		
	financial interests			
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ľ	None.			

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Date: 06/09/2022
Your Name:Sung Sang Yoon
Manuscript Title: Simultaneous bilateral central retinal artery occlusion in a patient with dilated cardiomyopathy_
Manuscript number (if known):

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