

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Eudald

2. Surname (Last Name)

Felip

3. Date

01-June-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Teresa Moran

5. Manuscript Title

Rociletinib-related bilateral cataract

6. Manuscript Identifying Number (if you know it)

PCM-18-2

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Dr. Felip has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Aina

2. Surname (Last Name)

Moll

3. Date

01-June-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Teresa Moran

5. Manuscript Title

Rociletinib-related bilateral cataract

6. Manuscript Identifying Number (if you know it)

PCM-18-2

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### Section 1. Identifying Information

1. Given Name (First Name)

Juan Jose

2. Surname (Last Name)

García Mosquera

3. Date

01-June-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Teresa Moran

5. Manuscript Title

Rociletinib-related bilateral cataract

6. Manuscript Identifying Number (if you know it)

PCM-18-2

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Dr. García Mosquera has nothing to disclose.

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LAura

2. Surname (Last Name)

Broc

3. Date

01-June-2018

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 Yes No

Corresponding Author's Name

Teresa Moran

5. Manuscript Title

Rociletinib-related bilateral cataract

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Laura	2. Surname (Last Name) Angelats	3. Date 01-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Teresa Moran
5. Manuscript Title Rociletinib-related bilateral cataract		
6. Manuscript Identifying Number (if you know it) PCM-18-2		

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**Grant:** A grant from an entity, generally [but not always] paid to your organization

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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Teresa

2. Surname (Last Name)  
Moran

3. Date  
01-June-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Rociletinib-related bilateral cataract

6. Manuscript Identifying Number (if you know it)  
PCM-18-2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Moran has nothing to disclose.

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