

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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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)

Chee Wai

2. Surname (Last Name)

Wong

3. Date

03-November-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Chui Ming Gemmy Cheung

5. Manuscript Title

Submacular hemorrhage: treatment update and remaining challenges

6. Manuscript Identifying Number (if you know it)

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Dr. Liao has nothing to disclose. Dr. Wong has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Jan Carlo Yu

2. Surname (Last Name)

Alegre

3. Date

03-November-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Chui Ming Gemmy Cheung

5. Manuscript Title

Submacular hemorrhage: treatment update and remaining challenges

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Yew San Ian   | 2. Surname (Last Name)<br>Yeo                                       | 3. Date<br>03-November-2016                           |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Chui Ming Gemmy Cheung |
| 5. Manuscript Title<br>Submacular hemorrhage: treatment update and remaining challenges |   |   |
| 6. Manuscript Identifying Number (if you know it)                                       |   |   |

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1. Given Name (First Name)  
Chui Ming Gemmy

2. Surname (Last Name)  
Cheung

3. Date  
03-November-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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