

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Anil Babanrao	2. Surname (Last Name) Gangwe	3. Date 17-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shorya Vardhan Azad
5. Manuscript Title Iridofundal colobomas may lower severity of retinopathy of prematurity		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Esteve-Taboada has nothing to disclose. Dr. Gangwe has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Parijat	2. Surname (Last Name) Chandra	3. Date 17-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shorya Vardhan Azad
5. Manuscript Title Iridofundal colobomas may lower severity of retinopathy of prematurity		
6. Manuscript Identifying Number (if you know it)		

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Dr. Esteve-Taboada has nothing to disclose. Dr. Chandra has nothing to disclose.

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1. Given Name (First Name) Brijesh	2. Surname (Last Name) Takkar	3. Date 17-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shorya Vardhan Azad
5. Manuscript Title Iridofundal colobomas may lower severity of retinopathy of prematurity		
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Section 1. Identifying Information

1. Given Name (First Name)
Shorya Vardhan

2. Surname (Last Name)
Azad

3. Date
17-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Iridofundal colobomas may lower severity of retinopathy of prematurity

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Rajvardhan Azad	2. Surname (Last Name) Azad	3. Date 17-February-2017
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