

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Aazim A.

2. Surname (Last Name)
Siddiqui

3. Date
05-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
The future of intraocular lens calculations: Ladas Super Formula

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Vujosevic has nothing to disclose. Dr. Siddiqui has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Viral

2. Surname (Last Name)
Juthani

3. Date
05-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Aazim A. Siddiqui

5. Manuscript Title
The future of intraocular lens calculations: Ladas Super Formula

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name) Joann	2. Surname (Last Name) Kang	3. Date 05-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Aazim A. Siddiqui
5. Manuscript Title The future of intraocular lens calculations: Ladas Super Formula		
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