

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)  
Amudha

2. Surname (Last Name)  
Aravindhan

3. Date  
07-October-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Ecosse L. Lamoureux

5. Manuscript Title  
An intensive and personalised care planning programme improves clinical outcomes in patients with diabetic retinopathy: a pilot

6. Manuscript Identifying Number (if you know it)

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Dr. Lin has nothing to disclose. Dr. Aravindhan has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Eva K.

2. Surname (Last Name)  
Fenwick

3. Date  
07-October-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ecosse L. Lamoureux

5. Manuscript Title  
An intensive and personalised care planning programme improves  
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1. Given Name (First Name)  
Ryan Eyn Kidd

2. Surname (Last Name)  
Man

3. Date  
07-October-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ecosse L. Lamoureux

5. Manuscript Title  
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Ecosse L.

2. Surname (Last Name)  
Lamoureux

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07-October-2019

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