

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Wanlin	2. Surname (Last Name) Fan	3. Date 11-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ludwig M. Heindl
5. Manuscript Title Ocular surface and tear film changes after eyelid surgery		
6. Manuscript Identifying Number (if you know it) AES-2020-ES-03(AES-20-98)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Fan has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alexander C.	2. Surname (Last Name) Rokohl	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ludwig M. Heindl
5. Manuscript Title Ocular surface and tear film changes after eyelid surgery		
6. Manuscript Identifying Number (if you know it) AES-2020-ES-03(AES-20-98)		

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Dr. Rokohl has nothing to disclose.

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1. Given Name (First Name) Yongwei	2. Surname (Last Name) Guo	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ludwig M. Heindl
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Section 1. Identifying Information

1. Given Name (First Name)

Ludwig M.

2. Surname (Last Name)

Heindl

3. Date

28-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Ocular surface and tear film changes after eyelid surgery

6. Manuscript Identifying Number (if you know it)

AES-2020-ES-03(AES-20-98)

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