Date:7/1/2022		
Your Name:	Yan Guo	
Manuscript Title:	Simultaneous femtosecond laser astigmatic keratotomy and toric	
intraocular lens ir	plantation in femtosecond laser-assisted cataract surgery	
in a patient with s	irgically induced high corneal	
astigmatism		
Manuscript numbe	(if known): AES-22-15-CL	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	xNone	

4	Consulting fees	xNone	
5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events		
6	Payment for expert	xNone	
	testimony		
7	Current for other dire		
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x None	
	Stock of Stock options		
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		

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X Yan Guo

Date:			
Your Name: Heather	Edwards, COA		
Manuscript Title: Simultaneous femtose	cond laser astigmatic	Keratotom	and toric
Manuscript number (if known) AES- みみー15-CL	: intr ferr Su	gery in a r	ser-assisted cataract Datient with used high corneal
		stigmaitism	J
listed below that are related to the content of your not-for-profit third	manuscript. "Related" means ar	vy relation with fo	pr-profit or
parties whose interests may b represents a commitment	e affected by the content of the		
	necessarily indicate a bias. If yo rest, it is preferable that you do		out whether to
The following questions apply to the <u>current</u> <u>manuscript only</u> .	to the author's relationships/ac	tivities/interests	as they relate
The author's relationships/act manuscript pertains	ivities/interests should be <u>defin</u>	<u>ed broadly</u> . For ex	cample, if your
	ension, you should declare all re n, even if that medication is not		
limit. For all other items,	pport for the work reported in t	nis manuscript wi	thout time
the time frame for disclosure i	s the past 36 months.		
	Name all entities with whom vo	u have this	Specifications/Comments

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	processing charges, etc.)			-
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4	Consulting fees	None		
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	speakers bureaus,			
	manuscript writing or			
-	educational events	1		
6	Payment for expert	None		
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7	Support for attending	None		
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8	Patents planned, issued or	None		
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	committee or advocacy			
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11	Stock or stock options	None		
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	materials, drugs, medical			
	writing, gifts or other			
_	services	1. 2		
13	Other financial or non-	None		

13	Other financial or non-	None	
	financial interests		

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Date:	lun 30,	2022		
Your Name:	lark C	. Wood	ward,	0.0.
Manuscript Title:	intraocular lens impl	lantation in femtos	matic keratotomy an econd laser-assisted h corneal astigmatisr	cataract surgery
Manuscript numbe	r (if known): AES-22-	15-CL		

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4	Consulting fees	None /			
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	speakers bureaus,				
	manuscript writing or				
	educational events	/			
6	Payment for expert	None /			
0	testimony	None			
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7	Support for attending	None			
	meetings and/or travel				
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8	Patents planned, issued or	None			
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9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board	/			
10	Leadership or fiduciary role	None			
1	in other board, society,				
	committee or advocacy				
	group, paid or unpaid	/			
11	Stock or stock options	None	7.5		
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12	Receipt of equipment,	None			
	materials, drugs, medical	/			
	writing, gifts or other	/			
	services	2			
13	Other financial or non-	None 2			

13	Other financial or non-	None	
	financial interests	1	

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form.

Mail A aborlina O.Q. Jane 30, 2022

Date: 06/30/2022	
Your Name: Tyrone Curtis Gr.	eshqu
Manuscript Title: Simultaneous Femtoscoond laser astig	matic keratotomy and Toric intraocular lens
Manuscript number (if known): AES-22-15-CL	implantation in femtosecond laser assisted afteract surgery in a patient with surgically induced high carreal astigmatism

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m pi m p <b>N</b>	All support for the present nanuscript (e.g., funding, provision of study materials, nedical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None				
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4 C	Consulting fees	None				
le sp m	Payment or honoraria for ectures, presentations, peakers bureaus, nanuscript writing or educational events	None				
	ayment for expert estimony	None				
	upport for attending neetings and/or travel	None				
	Patents planned, issued or bending	None				
Sa	Participation on a Data afety Monitoring Board or Advisory Board	None				
in co	eadership or fiduciary role n other board, society, ommittee or advocacy group, paid or unpaid	None				
	tock or stock options	None				
m w	Receipt of equipment, naterials, drugs, medical vriting, gifts or other ervices	None				
13 0	ervices Other financial or non-	None 2				

financial interests

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13	Other financial or non-	None	
	financial interests		

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form.

Date: Your Name: Manuscript Title: Simultaneous Ferntusecord Laser astigmatic and toric intraocular Kercitotomy lens implantation in Femtosecond Manuscript number (if known): sted cataract surgery in a HES-22-15-CL high corneal astigmatism

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	provision of study materials, medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
2		N. North	Time frame: past :	36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None			
3	Royalties or licenses	<u> </u>			
4	Consulting fees	<u>X</u> None			
5	Payment or honoraria for	X None			
	lectures, presentations, speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert testimony	<u>    X_</u> None			
7	Support for attending meetings and/or travel	X_None			
8	Patents planned, issued or	X None			
	pending				
9	Participation on a Data	<u> </u>			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	<u>X</u> None			
	in other board, society, committee or advocacy				
11	group, paid or unpaid Stock or stock options	X_None			
12	Receipt of equipment,	<u>X</u> None			
	materials, drugs, medical writing, gifts or other				
	services	2			
13	Other financial or non- financial interests	X_None 2			

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