## ICMJE DISCLOSURE FORM

Date:5/23/22
_ Your Name:Jessica Zhang
Manuscript Title:Corneal Neurotization: A Narrative Review of Techniques, Outcomes, and Surgical Considerations
Manuscript number (if known): AES-22-33
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are
related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third
parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment
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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 lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

Please summarize the above conflict of interest in the following box:

I h	ave no conflicts of interest to disclos	se.		

Please place an "X" next to the following statement to indicate your agreement:
X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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