

## ICMJE DISCLOSURE FORM

Date: October 29<sup>th</sup>, 2022

Your Name: Azyadeh Camacho-Ordonez

Manuscript Title: Pro-inflammatory cytokines levels in tears and dry eye disease in Parkinson's disease

Manuscript number (if known): \_\_\_\_\_

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 to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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3	Royalties or licenses	__x__ None	
4	Consulting fees	__x__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>  </u> x <u>  </u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>  </u> x <u>  </u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>  </u> x <u>  </u> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>  </u> x <u>  </u> None	

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

None.

**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.

## ICMJE DISCLOSURE FORM

Date: October 29<sup>th</sup>, 2022

Your Name: Oscar Guerrero-Berger

Manuscript Title: Pro-inflammatory cytokines levels in tears and dry eye disease in Parkinson's disease

Manuscript number (if known): \_\_\_\_\_

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4	Consulting fees	<input checked="" type="checkbox"/> None	



## ICMJE DISCLOSURE FORM

Date: October 29<sup>th</sup>, 2022

Your Name: Amin Cervantes-Arriaga

Manuscript Title: Pro-inflammatory cytokines levels in tears and dry eye disease in Parkinson's disease

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: October 29<sup>th</sup>, 2022

Your Name: Mayela Rodríguez-Violante

Manuscript Title: Pro-inflammatory cytokines levels in tears and dry eye disease in Parkinson's disease

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: October 29<sup>th</sup>, 2022

Your Name: Nadezhda Camacho-Ordonez

Manuscript Title: Pro-inflammatory cytokines levels in tears and dry eye disease in Parkinson's disease

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: October 29<sup>th</sup>, 2022

Your Name: Roberto Rodríguez-Rivas

Manuscript Title: Pro-inflammatory cytokines levels in tears and dry eye disease in Parkinson's disease

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: October 29<sup>th</sup>, 2022

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## ICMJE DISCLOSURE FORM

Date: October 29<sup>th</sup>, 2022

Your Name: Atzin Robles-Contreras

Manuscript Title: Pro-inflammatory cytokines levels in tears and dry eye disease in Parkinson's disease

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: October 29<sup>th</sup>, 2022

Your Name: Laura Adalid-Peralta

Manuscript Title: Pro-inflammatory cytokines levels in tears and dry eye disease in Parkinson's disease

Manuscript number (if known): \_\_\_\_\_

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