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.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	T	Time frame: Since the initial	planning of the work
1	All support for the present	xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x None	
Ü	testimony		
	,		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	x None	
,	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	xNone	
42	D	N.	
12	Receipt of equipment, materials, drugs, medical	xNone	
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		

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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3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending meetings and/or travel	xNone	
	_		
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		

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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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

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

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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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
_			
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	x None	
,	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	xNone	
12	Descipt of annings out	v Nego	
12	Receipt of equipment, materials, drugs, medical	xNone	
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		

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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	No time limit for this item.		
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

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

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	x_None	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: pastx_Nonex_None	36 months
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x_None	
6	Payment for expert testimony	x_None	
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	xNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None	
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	x_None	
	ease summarize the above c	onflict of interest in the fo	llowing box:

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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	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x_None	
6	Payment for expert testimony	x_None	
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	xNone	
10	Advisory Board  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	x_None	
Ple	ease summarize the above c	onflict of interest in the f	ollowing box:
	None.		

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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4	Consulting fees	xNone	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x None	
	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	
	'		
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		
Plo	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		
			I