

ICMJE DISCLOSURE FORM

Date: 05-February-2024

Your Name: Andrew Samuel

Manuscript Title : A Cross-Sectional Evaluation of the Medical Student Symposium at the Canadian Ophthalmological Society Annual Meeting: A Quality Improvement Survey

Manuscript number (if known): AMJ-23-223

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)
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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	
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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