

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your patent

Rasul 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Asrin	rst Name)	2. Surname (Last Name) Rasul		Date -November-2015
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Yousif Subhi	
5. Manuscript Title Non-physician delivered intravitreal injection service is feasible and safe: A systematic review				
6. Manuscript Ide	ntifying Number (if you kr	now it)		
			_	
Section 2.	Section 2. The Work Under Consideration for Publication			
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No				
Section 3.				
Section 5.	Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes V No				
,				
Section 4.	Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	Yes ✓ No

Rasul 2



Section 5.	Dalational in a material and all and		
	Relationships not covered above		
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?		
Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other relation	onships/conditions/circumstances that present a potential conflict of interest		
	uscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements als may ask authors to disclose further information about reported relationships.		
Section 6.	Disclosure Statement		
Based on the above below.	e disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Rasul has nothi	ing to disclose.		

Evaluation and Feedback

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Rasul 3



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Royalties: Funds are coming in to you or your institution due to your patent

Subhi 1



Section 1. Identifying Inform	ation	
Given Name (First Name) Yousif	2. Surname (Last Name) Subhi	3. Date 21-November-2015
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Non-physician delivered intravitreal inje	ction service is feasible and safe: A s	systematic review
6. Manuscript Identifying Number (if you kn	ow it)	
Section 2. The Work Under Co	nsideration for Publication	
	but not limited to grants, data monitori	ry (government, commercial, private foundation, etc.) for ng board, study design, manuscript preparation,
Section 3. Relevant financial a	activities outside the submitte	d work.
of compensation) with entities as descril clicking the "Add +" box. You should rep	oed in the instructions. Use one line ort relationships that were present	have financial relationships (regardless of amount for each entity; add as many lines as you need by during the 36 months prior to publication.
Are there any relevant conflicts of intere If yes, please fill out the appropriate info		
N	Grant? Personal Non-Financia	1 . 2 .
Name of Entity	Fees? Support?	Other Comments
Bayer		Research grant and travel grant
Novartis		Travel grant
Section 4. Intellectual Proper	ty Patents & Copyrights	
Do you have any patents, whether planr		vant to the work? Yes V No

Subhi 2



Section 5.			
Section 5.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest		
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.		
Section 6.	Disclosure Statement		
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Subhi reports work; .	s grants and non-financial support from Bayer, non-financial support from Novartis, outside the submitted		

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Sørensen 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Torben Lykke	2. Surname (Last Name) Sørensen	3. Date 30-November-2015	
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Yousif Subhi	
5. Manuscript Title Non-physician delivered intravitreal injection service is feasible and safe: A systematic review		nd safe: A systematic review	
6. Manuscript Identifying Number (if you k	now it)		
Section 2. The Work Under C	onsideration for Public	cation	
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Section 3. Polygant financial			
Relevant financial	activities outside the s	submitted work.	
of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.	
Are there any relevant conflicts of inter-	est? Yes ✓ No		
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Sørensen 2



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Dr. Sørensen has nothing to disclose.

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Munch 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Inger Christine	2. Surname (Last Name) Munch		3. Date 22-November-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Na Yousif Subhi	ame
5. Manuscript Title Non-physician delivered intravitreal injo	ection service is feasible ar	nd safe: A systematic review	w
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		_	
Section 2. The Work Under Co	onsideration for Public	cation	
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Name of Entity	Grant? Personal Nor	n-Financial Other? Co	mments
Novartis	V		
Bayer			
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Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work	? Yes Vo

Munch 2



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