

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ahmed Abdirahman

2. Surname (Last Name)  
Mohamud

3. Date  
30-June-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Presbyopiabehandling

6. Manuscript Identifying Number (if you know it)  
UFL-06-18-0461

### 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.)?

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Mohamud has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jesper Høiberg

2. Surname (Last Name)

Erichsen

3. Date

02-July-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Ahmed A. Mohamud

5. Manuscript Title

Presbyopibehandling

6. Manuscript Identifying Number (if you know it)

Draft (UFL-06-18-0461)

### Section 2. The Work Under Consideration for Publication

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Dr. Erichsen has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Line	2. Surname (Last Name) Kessel	3. Date 02-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ahmed A. Mohamud
5. Manuscript Title Presbyopibehandling		
6. Manuscript Identifying Number (if you know it) UFL-06-18-0461		

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Dr. Kessel has nothing to disclose.

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1. Given Name (First Name) Lars Morten	2. Surname (Last Name) Holm	3. Date 02-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ahmed A. Mohamud
5. Manuscript Title Presbyopibehandling		
6. Manuscript Identifying Number (if you know it) UFL-06-18-0461		

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Dr. Holm has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name) Michael

2. Surname (Last Name) Larsen

3. Date 10-December-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name Ahmed Mohamud

5. Manuscript Title Presbyopibehandling

6. Manuscript Identifying Number (if you know it) Ugeskr Læger 2018;180:V06180461

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Lens photolysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Dr. Larsen has an issued patent on lens photolysis.

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