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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Alexander

2. Surname (Last Name)  
Aaronson

3. Date  
17-March-2020

4. Are you the corresponding author?  
☑ Yes  
☐ No

Corresponding Author’s Name  
Raimo Tuuminen

5. Manuscript Title  
Cataract complications study: an analysis of adverse effects among 14520 eyes in relation to surgical experience

6. Manuscript Identifying Number (if you know it)  
ATM-2020-RCS-05(ATM-20-845)

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☐ No

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<tr>
<td>Antti</td>
<td>Viljanen</td>
<td>17-March-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? | Yes | No | ✔ |

Corresponding Author’s Name
Raimo Tuuminen

5. Manuscript Title
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ATM-2020-RCS-05(ATM-20-845)

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Are there any relevant conflicts of interest? | Yes | No | ✔ |

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | No | ✔ |
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Viljanen 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)  
Piotr

2. Surname (Last Name)  
Kanclerz

3. Date  
17-March-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name  
Raimo Tuuminen

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Andrzej</th>
</tr>
</thead>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Grzybowski</td>
</tr>
<tr>
<td>3. Date</td>
<td>17-March-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
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<td>Raimo Tuuminen</td>
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<td>5. Manuscript Title</td>
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   Raimo

2. Surname (Last Name)  
   Tuuminen

3. Date  
   17-March-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Raimo Tuuminen

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