**A Modification of the ICMJE Financial Disclosure Form for**

***American Ophthalmological Society***

**Section 1. Identifying Information**

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|  |
| --- |
| 1. Name (LastName, First Name) |
| 2. Today’s Date (mm/dd/yyyy) |
| 3. Are you the corresponding author? Yes No |
| 4. Manuscript or Presentation Title |

**Section 2. The Work Under Consideration for Publication or Presentation**

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Did you or your institution, spouse, or family at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking “No” or providing the requested information.

**The Work Under Consideration for Publication**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type** | **No** | **Money**  **Paid**  **to You** | **Money To Your**  **Institution\*** | **Name of**  **Entity** | **Comments\*\*** |
| 1.Grant |  |  |  |  |  |
| 2.Consulting fee or honorarium |  |  |  |  |  |
| 3.Support for travel to meetings for  the study of other purposes |  |  |  |  |  |
| 4. Fees for participation in review  activities such as data monitoring  boards, statistical analysis, end  point committees, and the like |  |  |  |  |  |
| 5. Payment for writing or reviewing  the manuscript or presentation |  |  |  |  |  |
| 6. Provision of writing assistance,  medicines, equipment, or  administrative support |  |  |  |  |  |
| 7. Other **and** |  |  |  |  |  |

**ADD**

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

**Section 3. Relevant Financial Activities Outside of the Submitted Work**

Place a check in the appropriate boxes in the table to indicate whether you, your spouse, or family have financial relationships (regardless of amount of compensation). You should report relationships that were present during the 36 months prior to submission. Complete each row by checking “No” or providing the requested information.

**Relevant Financial Activities Outside of the Submitted Work**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Relationship (in alphabetical order)** | **No** | **Money**  **Paid to**  **You** | **Money**  **to**  **Your**  **Institution\*** | **Entity** | **Comments** |
| 1.Board membership |  |  |  |  |  |
| 2.Consultancy |  |  |  |  |  |
| 3.Employment |  |  |  |  |  |
| 4.Expert testimony |  |  |  |  |  |
| 5.Grants/grants pending |  |  |  |  |  |
| 6.Payment for lectures including service on speakers bureaus |  |  |  |  |  |
| 7.Payment for manuscript or presentation preparation |  |  |  |  |  |
| 8.Patents (planned, pending or issued) |  |  |  |  |  |
| 9.Royalties |  |  |  |  |  |
| 10.Payment for development of educational presentations |  |  |  |  |  |
| 11.Stock/stock options |  |  |  |  |  |
| 12.Travel/accommodations/meeting expenses unrelated to activities listed\*\* |  |  |  |  |  |
| 13.Other (err on the side of full disclosure) and any other comments |  |  |  |  |  |

**ADD**

\* This means money that your institution received for your efforts.

\*\* For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

**Section 4. Other Relationships**

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote or presented in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance or presentation, the authors should confirm and, if necessary, update their disclosure statements On occasion, journals or CME provider may ask authors to disclose further information about reported relationships.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_