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Disclosure Form

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Please tick (✓) any or all of the categories below that are applicable to you, and sign the document below:

✓ below	Type of financial relationship within the last 12 months (see definitions below)	Indicate applicable manufacturers or commercial entities
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	C	
	P	
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F (Financial Support) Indicates if you have received through your employing institution or personal support from a for-profit company, or competing company, in the form of research funding or research materials or services at no cost, related to your article for Glaucoma now (G-N).

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N (No Commercial Relationship) Indicates, there is no commercial relationship, related to your article for G-N.

Date and place

Signature

**Please return the signed and completed form as a scanned document to our Editorial Manager
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