ICMJE DISCLOSURE FORM

Date: Feb 02,/2023				
Your Name:	Soomin LEE			
Manuscript Tit	le: Nitric oxide: an old drug but with new horizons in ophthalmology- a narrative review			
Manuscript nu	mber (if known): ATM-22-5634			

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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in item #1 above).	in item #1 above).				
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4	Consulting fees	XXNone			

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	_XNone		
	, kea			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society,	_XNone		
	committee or advocacy			
	roup, paid or unpaid			
11	Stock or stock options	_XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone		
13	Other financial or non-	V N		
13	financial interests	_XNone		
	manda meereses			
Plea	Please summarize the above conflict of interest in the following box:			

Please place an "X" next to the following statement to indicate your agreement:

None.

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: _	Feb 0	2,/2023					
Your N	ame: _	Choul Yong Park					
Manus	cript 1	ritle: Nitric oxide: an	old drug but with	new horizons ir	n ophthalmology-	a narrative re	eview

Manuscript number (if known): ATM-22-5634

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	Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Korean government	This work was supported by the National Priority Research Center Program Grant (NRF-2021R1A6A1A03038865), funded by the Korean government	
		Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone		
3	Royalties or licenses	_XNone		
4	Consulting fees	XXNone		

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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	V	
Ü	testimony	_XNone	
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	_XNone	
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Please summarize the above conflict of interest in the following box:

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