

ICMJE DISCLOSURE FORM

Date: Feb. 25th, 2021

Your Name: Kristina Erikson

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

Manuscript number (if known): FOMM-21-14

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

NO CONFLICT OF INTEREST

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

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

Kristina Erikson

ICMJE DISCLOSURE FORM

Date: Feb. 25th, 2021

Your Name: Anton Brosig

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

Manuscript number (if known): FOMM-21-14

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Date: Feb. 25th, 2021

Your Name: Michael Zimbelmann

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

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ICMJE DISCLOSURE FORM

Date: Feb. 25th, 2021

Your Name: Prof. Dr. Steffen Emmert

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

Manuscript number (if known): FOMM-21-14

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NONE

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25/02/2021

UNIVERSITÄTSMEDIZIN ROSTOCK
 Klinik und Poliklinik für
 Dermatologie und Venerologie
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 Fax: +49 381 401 9702

ICMJE DISCLOSURE FORM

Date: Feb. 25th, 2021

Your Name: Yongwei Guo

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

Manuscript number (if known): FOMM-21-14

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Please summarize the above conflict of interest in the following box:

Conflict of interest: None

[Signature] 2024.02.25

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ICMJE DISCLOSURE FORM

Date: Feb. 25th, 2021

Your Name: Ludwig M. HEINDL

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

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Z. M. Hill.

ICMJE DISCLOSURE FORM

Date: Feb. 25th, 2021

Your Name: ADAMIETZ, IRENEAU ANTON

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

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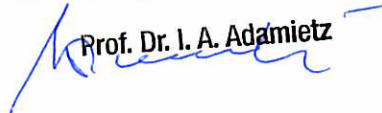
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25.02.2021

 Prof. Dr. I. A. Adamietz

ICMJE DISCLOSURE FORM

Date: Feb. 25th, 2021

Your Name: Mahdy Ranjbar

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Date: Feb. 25th, 2021

Your Name: Salvatore Grisanti

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

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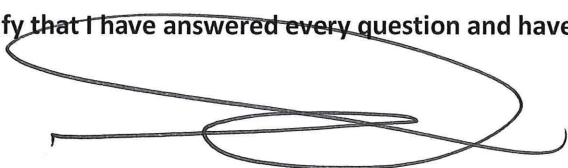
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Date: Feb. 25th, 2021

Your Name: **Vinodh Kakkassery**

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

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