

## ICMJE DISCLOSURE FORM

**Date:** Feb. 25<sup>th</sup>, 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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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
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4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" 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:

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. 25<sup>th</sup>, 2021

Your Name: Anton Brosig

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

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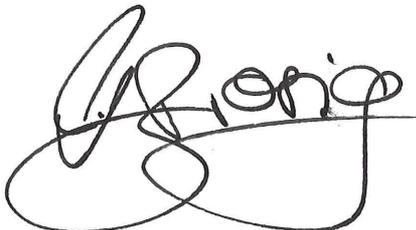
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## ICMJE DISCLOSURE FORM

Date: Feb. 25<sup>th</sup>, 2021

Your Name: Michael Zimbelmann

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

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

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## ICMJJE DISCLOSURE FORM

Date: Feb. 25<sup>th</sup>, 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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25/02/2021

UNIVERSITÄTSMEDIZIN ROSTOCK  
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 Dermatologie und Venerologie  
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 Telefon: +49 381 401-9701 (Sekr.)  
 Fax: +49 381 401-9702

## ICMJE DISCLOSURE FORM

Date: Feb. 25<sup>th</sup>, 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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<p>Conflict of interest: None</p> 
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## ICMJE DISCLOSURE FORM

Date: Feb. 25<sup>th</sup>, 2021

Your Name: Ludwig M. HEINDL

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

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

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*Z. M. Herold.*

## ICMJJE DISCLOSURE FORM

Date: Feb. 25<sup>th</sup>, 2021

Your Name: ADAMIETZ, IRENEELI ANTON

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

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

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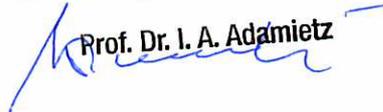
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25.02.2021

  
Prof. Dr. I. A. Adamietz

## ICMJE DISCLOSURE FORM

Date: Feb. 25<sup>th</sup>, 2021

Your Name: Mahdy Ranjbar

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

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

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## ICMJE DISCLOSURE FORM

Date: Feb. 25<sup>th</sup>, 2021

Your Name: **Salvatore Grisanti**

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

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

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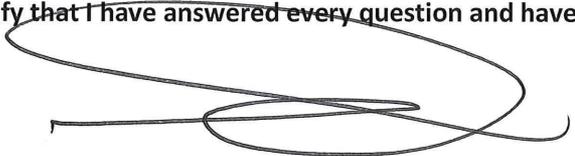
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## ICMJE DISCLOSURE FORM

Date: Feb. 25<sup>th</sup>, 2021

Your Name: **Vinodh Kakkassery**

Manuscript Title: Alternative treatment options for periocular basal cell carcinoma

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

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