ICMJE DISCLOSURE FORM

Date:	11/3/2021	
Your Name:	Siddiq Moolla,	
Manuscript Title:	Managing Facial Hyperpigmentation in Skin of Color	
Manuscript Number (if known):	Click or tap here to enter text.	

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.

The author's relationships/activities/interests should be defined broadly. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial planning of the work		
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		Name all entities with whom you have thisSpecifications/Comments (e.g., if paymerelationship or indicate none (add rows as needed)made to you or to your institution)	ents were
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	☑ None □ □ □ □ □ □ □ □	
7	Support for attending meetings and/or travel	☑ None □ □ □ □ □ □ □ □	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☑ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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ICMJE DISCLOSURE FORM

Date:	5/4/2022	
Your Name:	Dr. Yvette Miller-Monthrope	
Manuscript Title:	Dermatology: how to manage facial hyperpigmentation in skin of colour	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	 None 	

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11	Stock or stock options	⊠ None □ □ □ □ □ □ □ □	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	 [⊠] None 	
13	Other financial or non-financial interests	None	
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