

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Zhenzhen	2. Surname (Last Name) Liu	3. Date 21-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Haotian Lin and Yizhi Liu
5. Manuscript Title Lens regeneration in humans: using regenerative potential for tissue repairing		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Liu has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Ruixin	2. Surname (Last Name) Wang	3. Date 21-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Haotian Lin and Yizhi Liu
5. Manuscript Title Lens regeneration in humans: using regenerative potential for tissue repairing		
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1. Given Name (First Name)

Haotian

2. Surname (Last Name)

Lin

3. Date

21-March-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Lens regeneration in humans: using regenerative potential for tissue repairing

6. Manuscript Identifying Number (if you know it)

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Yizhi

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Liu

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21-March-2020

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