

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)

Xue

2. Surname (Last Name)

Yang

3. Date

31-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Ningli Wang

5. Manuscript Title

A Narrative Review of Intraoperative Floppy Iris Syndrome, An Update 2020

6. Manuscript Identifying Number (if you know it)

ATM-20-3214

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Are there any relevant conflicts of interest?

Yes

No

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Yes

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Dr. Yang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Zhaochuan	2. Surname (Last Name) Liu	3. Date 31-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ningli Wang
5. Manuscript Title A Narrative Review of Intraoperative Floppy Iris Syndrome, An Update 2020		
6. Manuscript Identifying Number (if you know it) ATM-20-3214		

Section 2. The Work Under Consideration for Publication

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Dr. Liu has nothing to disclose.

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1. Given Name (First Name) Zhigang	2. Surname (Last Name) Fan	3. Date 31-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ningli Wang
5. Manuscript Title A Narrative Review of Intraoperative Floppy Iris Syndrome, An Update 2020		
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1. Given Name (First Name) Andrzej	2. Surname (Last Name) Grzybowski	3. Date 31-July-2020
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Wang

3. Date

31-July-2020

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Yes No

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