

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Yining

2. Surname (Last Name)  
Dai

3. Date  
26-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ruikang Wang

5. Manuscript Title  
Impact of Ocular Magnification on Retinal and Choriocapillaris Blood Flow Quantification in Myopia with Swept-Source OCT Angiography

6. Manuscript Identifying Number (if you know it)

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Dr. Dai has nothing to disclose.

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Chen

2. Surname (Last Name)  
Xin

3. Date  
26-August-2020

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Corresponding Author's Name  
Ruikang Wang

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Dr. Xin has nothing to disclose.

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1. Given Name (First Name)  
Qinqin

2. Surname (Last Name)  
Zhang

3. Date  
26-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ruikang Wang

5. Manuscript Title  
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Zhongdi	2. Surname (Last Name) Chu	3. Date 26-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ruikang Wang
5. Manuscript Title Impact of Ocular Magnification on Retinal and Choriocapillaris Blood Flow Quantification in Myopia with Swept-Source OCT Angiography		
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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Xiao

2. Surname (Last Name)

Zhou

3. Date

26-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Ruikang Wang

5. Manuscript Title

Impact of Ocular Magnification on Retinal and Choriocapillaris Blood Flow Quantification in Myopia with Swept-Source OCT Angiography

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Zhou has nothing to disclose.

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#### 1. Identifying information.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Liya	2. Surname (Last Name) Qiao	3. Date 26-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ruikang Wang
5. Manuscript Title Impact of Ocular Magnification on Retinal and Choriocapillaris Blood Flow Quantification in Myopia with Swept-Source OCT Angiography		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Qiao has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Ruikang      2. Surname (Last Name) Wang      3. Date 26-August-2020

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Impact of Ocular Magnification on Retinal and Choriocapillaris Blood Flow Quantification in Myopia with Swept-Source OCT Angiography

6. Manuscript Identifying Number (if you know it)

\_\_\_\_\_

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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Carl Zeiss Meditec Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	consultant
Research to prevent blindness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Wang reports grants, non-financial support and other from Carl Zeiss Meditec Inc, grants from Research to prevent blindness, during the conduct of the study; .

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