

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Yang	2. Surname (Last Name) Wang	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ning Ke
5. Manuscript Title Refractive status and optical components of premature babies with or without retinopathy of prematurity at 7 years old		
6. Manuscript Identifying Number (if you know it) TP-19-160		

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lian-hong	2. Surname (Last Name) Pi	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ning Ke
5. Manuscript Title Refractive status and optical components of premature babies with or without retinopathy of prematurity at 7 years old		
6. Manuscript Identifying Number (if you know it) TP-19-160		

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)
Ru-Lian

2. Surname (Last Name)
Zhao

3. Date
20-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ning Ke

5. Manuscript Title

Refractive status and optical components of premature babies with or without retinopathy of prematurity at 7 years old

6. Manuscript Identifying Number (if you know it)

TP-19-160

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1. Given Name (First Name) Xiao-hui	2. Surname (Last Name) Zhu	3. Date 20-March-2020
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