

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) Yan	2. Surname (Last Name) Wen	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dengmei Han
5. Manuscript Title Sodium hyaluronate in the treatment of dry eye after cataract surgery: a meta-analysis		
6. Manuscript Identifying Number (if you know it) APM-20-695		

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Are there any relevant conflicts of interest? Yes No

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Dr. Wen has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Xiaocheng	2. Surname (Last Name) Zhang	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dengmei Han
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Dengmei

2. Surname (Last Name)
Han

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18-March-2020

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