

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Qian	2. Surname (Last Name) Cao	3. Date 29-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hua Zhong
5. Manuscript Title Changes of Central Visual Fields in Severe Myopia in a Chinese population		
6. Manuscript Identifying Number (if you know it) APM-19-605		

Section 2. The Work Under Consideration for Publication

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Dr. Cao has nothing to disclose.

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1. Given Name (First Name)

Lan

2. Surname (Last Name)

Li

3. Date

29-April-2020

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Yes No

Corresponding Author's Name

Hua Zhong

5. Manuscript Title

Changes of Central Visual Fields in Severe Myopia in a Chinese population

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Hua

2. Surname (Last Name)
Zhong

3. Date
29-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Tao	2. Surname (Last Name) Wei	3. Date 29-April-2020
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Yuan-sheng

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Yuan

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Hua Zhong

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6. Manuscript Identifying Number (if you know it)
APM-19-605

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