

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)

Kaiming

2. Surname (Last Name)

Li

3. Date

15-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Weimin He

5. Manuscript Title

Urrets-Zavalía syndrome with intraocular metallic foreign body: thinking caused by a case report

6. Manuscript Identifying Number (if you know it)

ACR-19-157

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Section 1. Identifying Information

1. Given Name (First Name) Manhua	2. Surname (Last Name) Xu	3. Date 15-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Weimin He
5. Manuscript Title Urrets-Zavalía syndrome with intraocular metallic foreign body: thinking caused by a case report		
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Gangjin

2. Surname (Last Name)

Kang

3. Date

15-May-2020

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Yes

No

Corresponding Author's Name

Weimin He

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Wenguang

2. Surname (Last Name)
Fu

3. Date
15-May-2020

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Corresponding Author's Name
Weimin He

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)
Weimin

2. Surname (Last Name)
He

3. Date
15-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Urrets-Zavalía syndrome with intraocular metallic foreign body: thinking caused by a case report

6. Manuscript Identifying Number (if you know it)
ACR-19-157

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.)?

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Dr. He has no conflicts of interest to declare.

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