

## ICMJE DISCLOSURE FORM

Date: April. 18<sup>th</sup>, 2022  
 Your Name: YaoYang  
 Manuscript Title: Performance of AIDRScreening for detecting diabetic retinopathy in the Chinese population: a prospective, multi-center clinical trial  
 Manuscript number (if known): ATM-22-350

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Funding	This study was Financial supported by Shenzhen SiBright Co. Ltd. in China.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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**Please place an “X” next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: April. 18<sup>th</sup>, 2022  
 Your Name: Jianying Pan  
 Manuscript Title: Performance of AIDRScreening for detecting diabetic retinopathy in the Chinese population: a prospective, multi-center clinical trial  
 Manuscript number (if known): ATM-22-350

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## ICMJE DISCLOSURE FORM

Date: April. 12<sup>th</sup>, 2022

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Your Name: Miner Yuan

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Manuscript Title: Performance of AIDRScreening for detecting diabetic retinopathy in the Chinese population: a prospective, multi-center clinical trial

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Manuscript number (if known): ATM-22-350

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Date: April. 16<sup>th</sup>, 2022  
 Your Name: Kunbei Lai  
 Manuscript Title: Performance of AIDRScreening for detecting diabetic retinopathy in the Chinese population: a prospective, multi-center clinical trial  
 Manuscript number (if known): ATM-22-350

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## ICMJE DISCLOSURE FORM

Date: April. 18<sup>th</sup>, 2022  
 Your Name: Huirui Xie  
 Manuscript Title: Performance of AIDRScreening for detecting diabetic retinopathy in the Chinese population: a prospective, multi-center clinical trial  
 Manuscript number (if known): ATM-22-350

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## ICMJE DISCLOSURE FORM

Date: April. 18<sup>th</sup>, 2022  
 Your Name: Li Ma  
 Manuscript Title: Performance of AIDRScreening for detecting diabetic retinopathy in the Chinese population: a prospective, multi-center clinical trial  
 Manuscript number (if known): ATM-22-350

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## ICMJE DISCLOSURE FORM

Date: April. 19<sup>th</sup>, 2022  
 Your Name: Suzhong Xu  
 Manuscript Title: Performance of AIDRScreening for detecting diabetic retinopathy in the Chinese population: a prospective, multi-center clinical trial  
 Manuscript number (if known): ATM-22-350

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Date: April. 19<sup>th</sup>, 2022  
 Your Name: Ruzhi Deng  
 Manuscript Title: Performance of AIDRScreening for detecting diabetic retinopathy in the Chinese population: a prospective, multi-center clinical trial  
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## ICMJE DISCLOSURE FORM

Date: April. 19<sup>th</sup>, 2022  
 Your Name: Mingwei Zhao  
 Manuscript Title: Performance of AIDRScreening for detecting diabetic retinopathy in the Chinese population: a prospective, multi-center clinical trial  
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## ICMJE DISCLOSURE FORM

Date: April. 12<sup>th</sup>, 2022

Your Name: Yan Luo

Manuscript Title: Performance of AIDRScreening for detecting diabetic retinopathy in the Chinese population: a prospective, multi-center clinical trial

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4	Consulting fees	X ___ None	
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6	Payment for expert testimony	X ___ None	
7	Support for attending meetings and/or travel	X ___ None	
8	Patents planned, issued or pending	X ___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X ___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X ___ None	
11	Stock or stock options	X ___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X ___ None	
13	Other financial or non-financial interests	X ___ None	

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**Please place an “X” next to the following statement to indicate your agreement:**

  X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: April. 12<sup>th</sup>, 2022  
 Your Name: Xiaofeng Lin  
 Manuscript Title: Performance of AIDRScreening for detecting diabetic retinopathy in the Chinese population: a prospective, multi-center clinical trial  
 Manuscript number (if known): ATM-22-350

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Funding	This study was Financial supported by Shenzhen SiBright Co. Ltd. in China.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X <input type="checkbox"/> None	
3	Royalties or licenses	X <input type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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**X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.**