

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lingzhi	2. Surname (Last Name) Zhao	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jun Xiao
5. Manuscript Title The difference of distance stereoacuity measured with different separating methods		
6. Manuscript Identifying Number (if you know it) ATM-20-1467		

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.)?

Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Zhao has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Yu	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 Jun Xiao
5. Manuscript Title The difference of distance stereoacuity measured with different separating methods		
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Jun

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Xiao

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18-March-2020

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