

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Shang-Feng	2. Surname (Last Name) Zhao	3. Date 01-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jun Kang
5. Manuscript Title Role of delayed wider endoscopic optic decompression for traumatic optic neuropathy: a single-center surgical experience		
6. Manuscript Identifying Number (if you know it) ATM-20-7810		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Zhao has nothing to disclose.

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1. Given Name (First Name) Yong	2. Surname (Last Name) Li	3. Date 01-December-2020
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1. Given Name (First Name) Jia-Liang	2. Surname (Last Name) Zhang	3. Date 01-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jun Kang
5. Manuscript Title Role of delayed wider endoscopic optic decompression for traumatic optic neuropathy: a single-center surgical experience		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jun Kang
5. Manuscript Title Role of delayed wider endoscopic optic decompression for traumatic optic neuropathy: a single-center surgical experience		
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### Section 1. Identifying Information

1. Given Name (First Name)

Si

2. Surname (Last Name)

Sun

3. Date

01-December-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Jun Kang

5. Manuscript Title

Role of delayed wider endoscopic optic decompression for traumatic optic neuropathy: a single-center surgical experience

6. Manuscript Identifying Number (if you know it)

ATM-20-7810

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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

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Are there any relevant conflicts of interest?

Yes

No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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) Gui-Dong	2. Surname (Last Name) Song	3. Date 01-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jun Kang
5. Manuscript Title Role of delayed wider endoscopic optic decompression for traumatic optic neuropathy: a single-center surgical experience		
6. Manuscript Identifying Number (if you know it) ATM-20-7810		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jian-Min	2. Surname (Last Name) Ma	3. Date 01-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jun Kang
5. Manuscript Title Role of delayed wider endoscopic optic decompression for traumatic optic neuropathy: a single-center surgical experience		
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### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Ma has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jun

2. Surname (Last Name)

Kang

3. Date

01-December-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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