

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ziyu	2. Surname (Last Name) Zhou	3. Date 12-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jufang Huang AND Kun Xiong
5. Manuscript Title ADORA3 activated in H2O2 oxidative stress of primary open-angle glaucoma		
6. Manuscript Identifying Number (if you know it) ATM-20-6154		

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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Dr. Zhou has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Zhaolin	2. Surname (Last Name) Gao	3. Date 12-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jufang Huang AND Kun Xiong
5. Manuscript Title ADORA3 activated in H2O2 oxidative stress of primary open-angle glaucoma		
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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name) Weitao	2. Surname (Last Name) Yan	3. Date 12-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jufang Huang AND Kun Xiong
5. Manuscript Title ADORA3 activated in H2O2 oxidative stress of primary open-angle glaucoma		
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1. Given Name (First Name) Yun	2. Surname (Last Name) Zhang	3. Date 12-December-2020
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Section 1. Identifying Information

1. Given Name (First Name)

Jufang

2. Surname (Last Name)

Huang

3. Date

13-December-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)

Kun

2. Surname (Last Name)

Xiong

3. Date

12-December-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

ADORA3 activated in H2O2 oxidative stress of primary open-angle glaucoma

6. Manuscript Identifying Number (if you know it)

ATM-20-6154

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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 No

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