

ICMJE DISCLOSURE FORM

Date: 2021-05-07

Your Name: Mengqiao Xu

Manuscript Title: Geographic variations in idiopathic epiretinal membranes in China

Manuscript number (if known): ATM-21-2722

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.

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		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)
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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for	<input checked="" type="checkbox"/> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

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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.

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Date: 2021-05-07

Your Name: Minwen Zhou

Manuscript Title: Geographic variations in idiopathic epiretinal membranes in China

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Date: 2021-05-07

Your Name: Xiaodong Sun

Manuscript Title: Geographic variations in idiopathic epiretinal membranes in China

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