Date: <u>2021-08-10</u> Your Name: <u>Xiaoli Shen</u> Manuscript Title: <u>Protective effect of ultrasound microbubble combined with gross saponins of tribulus terrestris on</u> <u>glaucomatous optic nerve damage</u> Manuscript number (if known):______

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3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for	_ X_ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
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7	Support for attending	_ X _None	
	meetings and/or travel		
8	Patents planned, issued or	_ X _None	
	pending		
9	Participation on a Data	_ X _None	
	Safety Monitoring Board or		
	Advisory Board		
10	0 Leadership or fiduciary role in other board, society, committee or advocacy	_ X _None	
	group, paid or unpaid		
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12	Receipt of equipment,	_X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_ X _None	
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Date: <u>2021-08-10</u> Your Name: <u>Junhong Guo</u> Manuscript Title: <u>Protective effect of ultrasound microbubble combined with gross saponins of tribulus terrestris on</u> <u>glaucomatous optic nerve damage</u> Manuscript number (if known):______

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_ X_ None	
4	Consulting fees	_ X _None	

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	manuscript writing or educational events		
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Date: <u>2021-08-10</u> Your Name: <u>Ning Fan</u> Manuscript Title: <u>Protective effect of ultrasound microbubble combined with gross saponins of tribulus terrestris on</u> <u>glaucomatous optic nerve damage</u> Manuscript number (if known):______

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Date: <u>2021-08-10</u> Your Name: <u>Mingying Lai</u> Manuscript Title: <u>Protective effect of ultrasound microbubble combined with gross saponins of tribulus terrestris on</u> <u>glaucomatous optic nerve damage</u> Manuscript number (if known):______

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3	Royalties or licenses	_X_None	
4	Consulting fees	_ X _None	

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	speakers bureaus,		
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9	Participation on a Data	_ X _None	
	Safety Monitoring Board or		
	Advisory Board		
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12	Receipt of equipment,	_X_None	
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Date: <u>2021-08-10</u> Your Name: <u>Lina Huang</u> Manuscript Title: <u>Protective effect of ultrasound microbubble combined with gross saponins of tribulus terrestris on</u> <u>glaucomatous optic nerve damage</u> Manuscript number (if known):______

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	Advisory Board		
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Date: <u>2021-08-10</u> Your Name: <u>Jiantao Wang</u> Manuscript Title: <u>Protective effect of ultrasound microbubble combined with gross saponins of tribulus terrestris on</u> <u>glaucomatous optic nerve damage</u> Manuscript number (if known):______

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7	Support for attending	_ X _None	
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Date: <u>2021-08-10</u> Your Name: <u>Qiang Li</u> Manuscript Title: <u>Protective effect of ultrasound microbubble combined with gross saponins of tribulus terrestris on</u> <u>glaucomatous optic nerve damage</u> Manuscript number (if known):______

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	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	_X _None				
4	Consulting fees	X _None				

5	Payment or honoraria for	_ X_ None	
	lectures, presentations,		
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	manuscript writing or educational events		
6	Payment for expert testimony	X None	
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7	Support for attending	_ X _None	
	meetings and/or travel		
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	_ X _None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11		_ X _None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
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