

ICMJE DISCLOSURE FORM

Date: 2022/1/6

Your Name: Zongxia Bai

Manuscript Title: Visual function assessment of posterior-chamber phakic implantable collamer lenses with a central port

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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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11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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Date: 2022/1/6

Your Name: Danyao Nie

Manuscript Title: Visual function assessment of posterior-chamber phakic implantable collamer lenses with a central port

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Date: 2022/1/6

Your Name: Jing Zhang

Manuscript Title: Visual function assessment of posterior-chamber phakic implantable collamer lenses with a central port

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Date: 2022/1/6

Your Name: Huiling Hu

Manuscript Title: Visual function assessment of posterior-chamber phakic implantable collamer lenses with a central port

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Your Name: Liangnan Sun

Manuscript Title: Visual function assessment of posterior-chamber phakic implantable collamer lenses with a central port

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Your Name: Kun Zeng

Manuscript Title: Visual function assessment of posterior-chamber phakic implantable collamer lenses with a central port

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