

## ICMJE DISCLOSURE FORM

Date: Jan. 25<sup>th</sup>, 2021

Your Name: Yiyao Wang

Manuscript Title: A novel clinical dynamic stereopsis assessment based on autostereoscopic display system

Manuscript number (if known): ID: ATM-21-6700-CL

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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Please summarize the above conflict of interest in the following box:

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Date: Jan. 25<sup>th</sup>, 2021

Your Name: Jing Zhong

Manuscript Title: A novel clinical dynamic stereopsis assessment based on autostereoscopic display system

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Date: Jan. 25<sup>th</sup>, 2021

Your Name: Mengyi Cheng

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Your Name: Jijing Li

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Your Name: Ke Ma

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Your Name: Xiaoqing Hu

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Your Name: Naiyang Li

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Your Name: Haowen Liang

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Your Name: Zhengyuan Zhu

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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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None.

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