Date:	Apr. 8 ^t	, 2022
Your Na	ame:	Yue Zhou
Manuso	ript Title	Morphological Characteristics of the Subfoveal Choroid and Their Association with Visual Acuity in
Postope	erative Pa	tients with Unilateral Congenital Cataracts
Manuso	ript num	ber (if known): <u>ATM-22-1155-CL</u>

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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	Apr.	8 th , 2022	
Your N	lame:	Jinghui Wang	
Manus	cript Tit	le: <u>Morphologica</u>	l Characteristics of the Subfoveal Choroid and Their Association with Visual Acuity in
Postor	<u>erative</u>	Patients with Un	ilateral Congenital Cataracts
Manus	script nu	mber (if known):	ATM-22-1155-CL

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6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	Apr. 8th	2022
Your Nam	ne:	Ling Jin
Manuscrij	pt Title:	Morphological Characteristics of the Subfoveal Choroid and Their Association with Visual Acuity in
Postopera	ative Pat	ients with Unilateral Congenital Cataracts
Manuscrij	pt numb	er (if known): <u>ATM-22-1155-CL</u>

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	Apr. 8	^{sh} , 2022			
Your N	ame:	Wan Chen			
Manus	cript Title	e: Morphological Characteristics of the Subfoveal Choroid and Their Association with Visual Acuity in			
Postoperative Patients with Unilateral Congenital Cataracts					
Manus	cript nun	nber (if known): <u>ATM-22-1155-CL</u>	_		

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	Apr. 8 ^t	^h , 2022
Your Na	me:	Qiwei Wang
Manusc	ript Title	: Morphological Characteristics of the Subfoveal Choroid and Their Association with Visual Acuity in
Postope	rative Pa	tients with Unilateral Congenital Cataracts
Manusc	ript num	ber (if known): <u>ATM-22-1155-CL</u>

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: /	Apr. 8 th ,	2022
Your Name	e:	Hui Chen
Manuscrip	t Title:	Morphological Characteristics of the Subfoveal Choroid and Their Association with Visual Acuity in
Postoperat	tive Pat	ients with Unilateral Congenital Cataracts
Manuscrip	t numb	er (if known): <u>ATM-22-1155-CL</u>

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	Apr.	8 th , 2	022
Your N	lame:	Ji	ngjing Chen
Manus	cript Tit	tle: <u>N</u>	orphological Characteristics of the Subfoveal Choroid and Their Association with Visual Acuity in
Postop	erative	Patie	nts with Unilateral Congenital Cataracts
Manus	cript nu	ımbe	r (if known):ATM-22-1155-CL

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		Time frame: past	36 months
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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	Apr. 8 th	, 2022			
Your Nar	me:	Zhouyue Li			
Manuscr	ript Title:	Morphological Characteristics of the Subfoveal Choroid and Their Association with Visual Acuity in			
Postoperative Patients with Unilateral Congenital Cataracts					
Manuscr	ript num	per (if known): <u>ATM-22-1155-CL</u>			

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	Apr.	8 th , 2022			
Your N	ame:	Zhuoling Lin			
Manus	cript Titl	tle: Morphological Characteristics of the Subfoveal Choroid and Their Association with Visual Acuity i	<u>n</u>		
Postop	Postoperative Patients with Unilateral Congenital Cataracts				
Manus	cript nu	imber (if known): <u>ATM-22-1155-CL</u>			

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	Apr. 8 th	, 2022
Your Na	me:	Xiaoyan Li
Manusc	ript Title:	Morphological Characteristics of the Subfoveal Choroid and Their Association with Visual Acuity in
Postope	rative Pa	tients with Unilateral Congenital Cataracts
Manusc	ript numl	per (if known): <u>ATM-22-1155-CL</u>

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		Time frame: past	36 months
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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	Apr. 8 th	2022
Your Na	ame:	Jing Li
Manus	cript Title:	Morphological Characteristics of the Subfoveal Choroid and Their Association with Visual Acuity in
Postop	erative Pat	ients with Unilateral Congenital Cataracts
Manus	cript numb	er (if known): <u>ATM-22-1155-CL</u>

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	Apr. 8	s th , 2022
Your Na	ame:	Haotian Lin
Manus	cript Titl	e: Morphological Characteristics of the Subfoveal Choroid and Their Association with Visual Acuity in
Postop	erative F	Patients with Unilateral Congenital Cataracts
Manus	cript nur	nber (if known): <u>ATM-22-1155-CL</u>

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7	Support for attending meetings and/or travel	XNone	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	Apr. 8	^h , 2022		
Your Na	me:	Duoru Lin		
Manuscript Title: Morphological Characteristics of the Subfoveal Choroid and Their Association with Visual Acuity in				
Postoperative Patients with Unilateral Congenital Cataracts				
Manuscript number (if known): <u>ATM-22-1155-CL</u>				

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The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
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