

ICMJE DISCLOSURE FORM

Date: 5/4/2022

Your Name: Shengyu He

Manuscript Title: A comparative and prospective study of corneal biomechanics after SMILE and FS-LASIK performed on the contralateral eyes of high myopia patients

Manuscript Number (if known): ATM-22-330-R2

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 author's relationships/activities/interests should be defined broadly. 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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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.

ICMJE DISCLOSURE FORM

Date: 5/4/2022

Your Name: Yiqi Luo

Manuscript Title: A comparative and prospective study of corneal biomechanics after SMILE and FS-LASIK performed on the contralateral eyes of high myopia patients

Manuscript Number (if known): ATM-22-330-R2

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ICMJE DISCLOSURE FORM

Date: 5/4/2022

Your Name: Yiming Ye

Manuscript Title: A comparative and prospective study of corneal biomechanics after SMILE and FS-LASIK performed on the contralateral eyes of high myopia patients

Manuscript Number (if known): ATM-22-330-R2

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ICMJE DISCLOSURE FORM

Date: 5/4/2022

Your Name: Pei Chen

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Manuscript Number (if known): ATM-22-330-R2

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Your Name: Chang Liu

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 5/4/2022

Your Name: Lei Lei

Manuscript Title: A comparative and prospective study of corneal biomechanics after SMILE and FS-LASIK performed on the contralateral eyes of high myopia patients

Manuscript Number (if known): ATM-22-330-R2

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 author's relationships/activities/interests should be defined broadly. 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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ICMJE DISCLOSURE FORM

Date: 5/4/2022

Your Name: Jing Zhuang

Manuscript Title: A comparative and prospective study of corneal biomechanics after SMILE and FS-LASIK performed on the contralateral eyes of high myopia patients

Manuscript Number (if known): ATM-22-330-R2

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Date: 5/4/2022

Your Name: Keming Yu

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Manuscript Number (if known): ATM-22-330-R2

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