

ICMJE DISCLOSURE FORM

Date: Feb. 14th, 2022
 Your Name: Tian-Jing Yang
 Manuscript Title: Involvement of Transient Receptor Potential Channels in Ocular Diseases: A Review
 Manuscript number (if known): ATM-21-6145-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:

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: Feb. 11th, 2022
 Your Name: Yang Yu
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Date: Feb. 13th, 2022
 Your Name: Jing-Yi Yang
 Manuscript Title: Involvement of Transient Receptor Potential Channels in Ocular Diseases: A Review
 Manuscript number (if known): ATM-21-6145-CL

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Date: Feb. 11th, 2022
 Your Name: Jin-Jing Li
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Date: Feb. 11th, 2022
 Your Name: Jun-Ya Zhu
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ICMJE DISCLOSURE FORM

Date: Feb. 10th, 2022
 Your Name: João Alexandre Cardoso Vieira
 Manuscript Title: Involvement of Transient Receptor Potential Channels in Ocular Diseases: A Review
 Manuscript number (if known): ATM-21-6145-CL

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 Your Name: Qin Jiang
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