

## ICMJE DISCLOSURE FORM

Date: January 6<sup>th</sup>, 2022

Your Name: Jing Yang

Manuscript Title: Ocular Surface Disease Index Questionnaire as a Sensitive Test for Primary Screening of Chronic Ocular Graft-Versus-Host Disease

Manuscript number (if known):

ATM-21-6946

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: January 6<sup>th</sup>, 2022

Your Name: Wenxin Zhao

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Your Name: Yinglin Liao

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Date: January 6<sup>th</sup>, 2022

Your Name: Shaowen Wu

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Your Name: Jing Li

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Your Name: Ling Jin

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Your Name: Qifa Liu

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Your Name: Fen Huang

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