ICMJE DISCLOSURE FORM

Date: 2022.2.20

Your Name: Wushuang Wang

Manuscript Title: Anatomic Characteristics of Primary Acquired Nasolacrimal Duct Obstruction ——A Comparative

Computed Tomography Study

Manuscript number (if known): QIMS-22-170

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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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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
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4	Consulting fees	None	

5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
_	educational events				
6	Payment for expert	None			
	testimony				
_					
7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
12		A.I			
12	Receipt of equipment,	None			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	None			
13	financial interests	IVOITE			
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Plea	Please summarize the above conflict of interest in the following box:				
N	None				

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 2022.2.20 Your Name: Lan Gong

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	testimony				
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	Advisory Board				
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Date: 2022.2.20

Your Name: Yan Wang

Manuscript Title: Anatomic Characteristics of Primary Acquired Nasolacrimal Duct Obstruction——A Comparative

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