Date:	Apr.	26 th , 2	023_		
Your N	ame:	Yish	an Li		
Manus	cript T	itle:	Ridge Opera	tor Assisted Delineation	of Capsulorhexis Border for Cataract Surgery
Manus	cript n	umbe	r (if known):	QIMS-22-1319-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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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)	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).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V None	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
	,		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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	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.

Manuscript Title: Ridge Operator Assisted Delineation of Capsulorhexis Border for Cataract Surgery

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Your Name: Xiaogang Wang

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	speakers bureaus,		
	manuscript writing or		
	educational events	V 11	
6	Payment for expert	XNone	
	testimony		
7	Owner and favorable and in a	V. Name	
7	Support for attending meetings and/or travel	XNone	
	G		
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
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Your Name: Minghui Deng

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9	Participation on a Data	X_None	
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10	Leadership or fiduciary	XNone	
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	unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
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None.			

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Your Name: Shuchao Chen

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Your Name: Hongbo Chen

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