Date	e:	2023.5.27				
	ur Name:Huiwen Tian					
Mar	nuscript Title:_Prognostic va	lue of intraocular pressure	changes of extraocular muscles in thyroid-associated			
oph	thalmopathy patients					
Mar	thalmopathy patients nuscript number (if known):	QIMS-23	3-44-R1			
related to	ted to the content of your name ites whose interests may be ransparency and does not not interest, it following questions apply the content only.	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do to the author's relationship rities/interests should be donsion, you should declare a	es/activities/interests as they relate to the <u>current</u> lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive			
	em #1 below, report all sup time frame for disclosure is	the past 36 months.	l in this manuscript without time limit. For all other items			
		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 initia	l 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.	None				
		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or licenses	None				
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 meetings and/or travel	None	
	<b>0</b>		
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	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
-			

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.

Dat	e:	2023.5.27				
You	ur Name:Yu Wang					
Mai	nuscript Title:_Prognostic va	lue of intraocular pressure	c changes of extraocular muscles in thyroid-associated			
Maı	thalmopathy patients nuscript number (if known):	QIMS-23	3-44-R1			
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	time frame for disclosure is		Specifications/Comments (e.g., if payments were made to you or to your institution)			
		needed)				
		Time frame: Since the initia	I 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.	None				
		Time frame: past	: 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or licenses	None				
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	Cupport for attending	Nana	
′	Support for attending meetings and/or travel	None	
	<b>G</b>		
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		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	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.

Date	e:	2023.5.27	
You	r Name:	Jing Li	
Maı	nuscript Title:_Prognostic va	lue of intraocular pressure	changes of extraocular muscles in thyroid-associated
oph	thalmopathy patients nuscript number (if known):		
Maı	nuscript number (if known):	QIMS-23	3-44-R1
rela part to ti rela	ted to the content of your name ites whose interests may be ransparency and does not not items. It is to ship/activity/interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do	
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to ti med In it	he epidemiology of hyperted dication, even if that medication	nsion, you should declare a tion is not mentioned in the port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  I in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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	Cupport for attending	Nana	
′	Support for attending meetings and/or travel	None	
	<b>G</b>		
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		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Dica	sa summariza tha abaya sa	uflict of interest in the fall	owing hove

None.		

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

Date:	2023.5.27	
Your Name:	Hongyang Li	
Manuscript Title:_Prognost ophthalmopathy patients_	tic value of intraocular pressure changes	of extraocular muscles in thyroid-associated
Manuscript number (if know	wn):QIMS-23-44-R1	

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.

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		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.	Capital's Funds for Health Improvement and Research (grant No. 2022-2-20211)	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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	Command for all 1'	Nege
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	
10	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
11	Stock of Stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	None
	financial interests	
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7	This work was funded by Capital's Funds for Health Improvement and Research (grant No. 2022-2-20211).

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.