

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Si-yi	2. Surname (Last Name) Chen	3. Date 31-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yi Shao
5. Manuscript Title Regional brain changes in patients with diabetic optic neuropathy: a resting-state fMRI study		
6. Manuscript Identifying Number (if you know it) QIMS-20-453-R2		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Chen has nothing to disclose.

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1. Given Name (First Name)

Guo-qian

2. Surname (Last Name)

Cai

3. Date

31-December-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Yi Shao

5. Manuscript Title

Regional brain changes in patients with diabetic optic neuropathy: a resting-state fMRI study

6. Manuscript Identifying Number (if you know it)

QIMS-20-453-R2

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Dr. Cai has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Rong-bin

2. Surname (Last Name)

Liang

3. Date

31-December-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Yi Shao

5. Manuscript Title

Regional brain changes in patients with diabetic optic neuropathy: a resting-state fMRI study

6. Manuscript Identifying Number (if you know it)

QIMS-20-453-R2

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Dr. Liang has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Li-cheng	2. Surname (Last Name) Yang	3. Date 31-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yi Shao
5. Manuscript Title Regional brain changes in patients with diabetic optic neuropathy:a resting -state fMRI study		
6. Manuscript Identifying Number (if you know it) QIMS-20-453-R2		

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Dr. Yang has nothing to disclose.

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Dr. Min has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Qian-min

2. Surname (Last Name)

Ge

3. Date

31-December-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Yi Shao

5. Manuscript Title

Regional brain changes in patients with diabetic optic neuropathy: a resting-state fMRI study

6. Manuscript Identifying Number (if you know it)

QIMS-20-453-R2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Ge has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) biao	2. Surname (Last Name) Li	3. Date 31-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yi shao
5. Manuscript Title Regional brain changes in patients with diabetic optic neuropathy:a resting -state fMRI study		
6. Manuscript Identifying Number (if you know it) QIMS-20-453-R2		

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Wen-qing	2. Surname (Last Name) Shi	3. Date 31-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yi Shao
5. Manuscript Title Regional brain changes in patients with diabetic optic neuropathy: a resting-state fMRI study		
6. Manuscript Identifying Number (if you know it) QIMS-20-453-R2		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Shi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Qiu-yu	2. Surname (Last Name) Li	3. Date 31-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yi Shao
5. Manuscript Title Regional brain changes in patients with diabetic optic neuropathy: a resting-state fMRI study		
6. Manuscript Identifying Number (if you know it) QIMS-20-453-R2		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Li has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Xian-jun

2. Surname (Last Name)

Zeng

3. Date

31-December-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Regional brain changes in patients with diabetic optic neuropathy: a resting-state fMRI study

6. Manuscript Identifying Number (if you know it)

QIMS-20-453-R2

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Yi

2. Surname (Last Name)

Shao

3. Date

31-December-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Shao has nothing to disclose.

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