

ICMJE DISCLOSURE FORM

Date: 2023/2/15

Your Name: Ke Nie

Manuscript Title: Epidemiological study of refractive errors in children and adolescents of Han and Li ethnics in the Ledong and Wanning areas of Hainan Province

Manuscript number (if known): _____

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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Date: 2023/2/15

Your Name: Hui Ding

Manuscript Title: Epidemiological study of refractive errors in children and adolescents of Han and Li ethnics in the Ledong and Wanning areas of Hainan Province

Manuscript number (if known): _____

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Date: 2023/2/15

Your Name: Fang Li

Manuscript Title: Epidemiological study of refractive errors in children and adolescents of Han and Li ethnics in the Ledong and Wanning areas of Hainan Province

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Date: 2023/2/15

Your Name: Tan Zhong

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Date: 2023/2/15

Your Name: AiQun Xiang

Manuscript Title: Epidemiological study of refractive errors in children and adolescents of Han and Li ethnics in the Ledong and Wanning areas of Hainan Province

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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

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

ICMJE DISCLOSURE FORM

Date: 2023/2/15

Your Name: Wei Xiang

Manuscript Title: Epidemiological study of refractive errors in children and adolescents of Han and Li ethnics in the Ledong and Wanning areas of Hainan Province

Manuscript number (if known): _____

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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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.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 2023/2/15

Your Name: XingWu Zhong

Manuscript Title: Epidemiological study of refractive errors in children and adolescents of Han and Li ethnics in the Ledong and Wanning areas of Hainan Province

Manuscript number (if known): _____

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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