

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Yun	2. Surname (Last Name) Peng	3. Date 15-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lin Ye & Xuan Xiao
5. Manuscript Title Incidence and risk factors for diabetic retinopathy in the communities of Shenzhen		
6. Manuscript Identifying Number (if you know it) APM-20-2526		

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Dr. Peng has nothing to disclose.

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1. Given Name (First Name) Xianxian	2. Surname (Last Name) Guo	3. Date 15-December-2020
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1. Given Name (First Name) Junan	2. Surname (Last Name) Liu	3. Date 15-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lin Ye & Xuan Xiao
5. Manuscript Title Incidence and risk factors for diabetic retinopathy in the communities of Shenzhen		
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1. Given Name (First Name) Yuanyuan	2. Surname (Last Name) Yao	3. Date 15-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lin Ye & Xuan Xiao
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1. Given Name (First Name)
Yuan

2. Surname (Last Name)
Wang

3. Date
15-December-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Lin Ye & Xuan Xiao

5. Manuscript Title
Incidence and risk factors for diabetic retinopathy in the communities of Shenzhen

6. Manuscript Identifying Number (if you know it)
APM-20-2526

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Xuan

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Xiao

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15-December-2020

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Lin

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Ye

3. Date
15-December-2020

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