

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) Hui	2. Surname (Last Name) Wang	3. Date 07-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xuelian Wei
5. Manuscript Title Perioperative treatment compliance, anxiety and depression of elderly patients with ophthalmic surgery and the influential factors		
6. Manuscript Identifying Number (if you know it) APM-21-37		

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Dr. Wang 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) Leiming	2. Surname (Last Name) Zhang	3. Date 07-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xuelian Wei
5. Manuscript Title Perioperative treatment compliance, anxiety and depression of elderly patients with ophthalmic surgery and the influential factors		
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1. Given Name (First Name)

Ming

2. Surname (Last Name)

Sun

3. Date

07-January-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Xuelian Wei

5. Manuscript Title

Perioperative treatment compliance, anxiety and depression of elderly patients with ophthalmic surgery and the influential factors

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1. Given Name (First Name) Le	2. Surname (Last Name) Kang	3. Date 07-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xuelian Wei
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Xuelian

2. Surname (Last Name)

Wei

3. Date

07-January-2021

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