

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name)
Jiao

2. Surname (Last Name)
Xia

3. Date
02-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Xunlian Wu

5. Manuscript Title

How to restore medical services in the ophthalmic department in the post-pandemic period of COVID-19

6. Manuscript Identifying Number (if you know it)

APM-20-2424

Section 2. The Work Under Consideration for Publication

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Dr. Xia has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Rongli	2. Surname (Last Name) Wang	3. Date 02-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xunlian Wu
5. Manuscript Title How to restore medical services in the ophthalmic department in the post-pandemic period of COVID-19		
6. Manuscript Identifying Number (if you know it) APM-20-2424		

Section 2. The Work Under Consideration for Publication

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Xunlian

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Wu

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