## ICMJE DISCLOSURE FORM

Date:May. 25 <sup>th</sup> , 2021
Your Name: Shi Yan
Manuscript Title:_ Efficacy and safety of Intense pulsed light therapy for dry eye caused by meibomian gland
dysfunction: a randomised trial.
Manuscript number (if known):_APM-21-1303

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
,	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10		None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
	services		
13	Other financial or non-	None	
	financial interests		

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

The author has completed the ICMJE	uniform disclosure form.	The author has no	conflicts of interest to de	clare.

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

\_\_X\_ 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:May. 25 <sup>th</sup> , 2021
Your Name: Yaohong Wu
Manuscript Title:_ Efficacy and safety of Intense pulsed light therapy for dry eye caused by meibomian gland
dysfunction: a randomised trial.
Manuscript number (if known):_APM-21-1303

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

		<u> </u>	j
-		N	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
	, periam.B		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
	services		
12	Other financial or non-	None	
13		None	
	financial interests		

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

The author has completed the ICMJE up	niform disclosure form.	The author has no	conflicts of interest to declare.

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

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