

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hong-Zhen	2. Surname (Last Name) Jia	3. Date 13-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiu-Jun Peng
5. Manuscript Title Iontophoresis-assisted versus standard corneal crosslinking for progressive keratoconus		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Liao has nothing to disclose. Dr. Jia has nothing to disclose.

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1. Given Name (First Name) Xu	2. Surname (Last Name) Pang	3. Date 13-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiu-Jun Peng
5. Manuscript Title Iontophoresis-assisted versus standard corneal crosslinking for progressive keratoconus		
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1. Given Name (First Name) Zheng-Jun	2. Surname (Last Name) Fan	3. Date 13-October-2016
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Xiu-Jun

2. Surname (Last Name)  
Peng

3. Date  
13-October-2016

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