

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) Ke	2. Surname (Last Name) Zheng	3. Date 10-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xinghuai Sun
5. Manuscript Title The importance and patterns for humanities education of Chinese ophthalmology residency		
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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Section 6. Disclosure Statement

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Dr. Liao has nothing to disclose. Dr. Zheng has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Yi	2. Surname (Last Name) Luo	3. Date 10-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xinghui Sun
5. Manuscript Title The importance and patterns for humanities education of Chinese ophthalmology residency		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Xiaobo	2. Surname (Last Name) Yu	3. Date 10-June-2017
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5. Manuscript Title The importance and patterns for humanities education of Chinese ophthalmology residency		
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Xinghui

2. Surname (Last Name)
Sun

3. Date
10-June-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
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