

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)  
Ling

2. Surname (Last Name)  
Wang

3. Date  
01-April-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Posner-Schlossman syndrome: a 10-year review of clinical experience

6. Manuscript Identifying Number (if you know it)

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Dr. Liao has nothing to disclose. Dr. Wang has nothing to disclose.

### Evaluation and Feedback

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1. Given Name (First Name)

Gang

2. Surname (Last Name)

Yin

3. Date

01-April-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Ling Wang

5. Manuscript Title

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Dr. Liao has nothing to disclose. Dr. Yin has nothing to disclose.

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|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Dabo   | 2. Surname (Last Name)<br>Wang                                      | 3. Date<br>01-April-2017                 |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Ling Wang |
| 5. Manuscript Title<br>Posner-Schlossman syndrome: a 10-year review of clinical experience |   |  |
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Zhiying

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Yu

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