

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Shuangyong	2. Surname (Last Name) Wang	3. Date 13-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jie Wu
5. Manuscript Title Allogeneic sclera graft combined autologous conjunctival flap for repairing the emergent corneal perforation		
6. Manuscript Identifying Number (if you know it)		

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Ying

2. Surname (Last Name)
Tian

3. Date
13-September-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jie Wu

5. Manuscript Title
Allogeneic sclera graft combined autologous conjunctival flap for repairing the emergent corneal perforation

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Haifeng

2. Surname (Last Name)

Zhu

3. Date

13-September-2017

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Jie Wu

5. Manuscript Title

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Jie

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Wu

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13-September-2017

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