

ICMJE DISCLOSURE FORM

Date: Oct 16, 2023

Your Name: Xiaolan Xiang

Manuscript Title: Corneal ulcer caused by sintilimab combined with anlotinib: a case report

Manuscript number (if known): _____

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.

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None.

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ICMJE DISCLOSURE FORM

Date: Oct 16, 2023

Your Name: Waner Lin

Manuscript Title: Corneal ulcer caused by sintilimab combined with anlotinib: a case report

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Oct 16, 2023

Your Name: Xiaoying Guan

Manuscript Title: Corneal ulcer caused by sintilimab combined with anlotinib: a case report

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Oct 16, 2023

Your Name: Bingqian Zhou

Manuscript Title: Corneal ulcer caused by sintilimab combined with anlotinib: a case report

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Oct 16, 2023

Your Name: Yuan Yuan

Manuscript Title: Corneal ulcer caused by sintilimab combined with anlotinib: a case report

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Aug 22, 2023

Your Name: Diana Silva

Manuscript Title: Corneal ulcer caused by sintilimab combined with anlotinib: a case report

Manuscript number (if known): _____

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Date: Oct 16, 2023

Your Name: Yan Wang

Manuscript Title: Corneal ulcer caused by sintilimab combined with anlotinib: a case report

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