ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Lu

2. Surname (Last Name)  
   Tian

3. Date  
   26-September-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Xuan Li and Yan Wang

5. Manuscript Title  
   Co-existence of myopia and amblyopia in a guinea pig model with monocular form deprivation

6. Manuscript Identifying Number (if you know it)  
   ATM-20-5433

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Dr. Tian has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Ya-Tu
2. Surname (Last Name)  Guo
3. Date  26-September-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Co-existence of myopia and amblyopia in a guinea pig model with monocular form deprivation

6. Manuscript Identifying Number (if you know it)
ATM-20-5433

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Dr. Guo has nothing to disclose.

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Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date          |
|---------------------------|------------------------|-----------------|
| Ming                      | Ying                   | 26-September-2020 |

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔

Corresponding Author's Name
Xuan Li and Yan Wang

5. Manuscript Title
Co-existence of myopia and amblyopia in a guinea pig model with monocular form deprivation

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Section 1. Identifying Information

1. Given Name (First Name) Yang-Chen
2. Surname (Last Name) Liu
3. Date 26-September-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Xuan Li and Yan Wang
5. Manuscript Title Co-existence of myopia and amblyopia in a guinea pig model with monocular form deprivation
6. Manuscript Identifying Number (if you know it) ATM-20-5433

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Section 1. Identifying Information

1. Given Name (First Name) Xuan
2. Surname (Last Name) Li
3. Date 26-September-2020
4. Are you the corresponding author? ✔ Yes □ No

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## Section 1. Identifying Information

| 1. Given Name (First Name) | Yan |
|----------------------------|-----|
| 2. Surname (Last Name)    | Wang |
| 3. Date                    | 26-September-2020 |
| 4. Are you the corresponding author? | Yes ✔ No |

5. Manuscript Title  
Co-existence of myopia and amblyopia in a guinea pig model with monocular form deprivation

6. Manuscript Identifying Number (if you know it)  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Wang has nothing to disclose.

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