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) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|----------|
| Ke                        | Zheng                  | 25-November-2020 |

4. Are you the corresponding author?  
   - Yes  
   - No  
   
Corresponding Author’s Name: Xingtao Zhou

5. Manuscript Title  
   Analysis of factors associated with unintended initial dissection of the posterior plane during small incision lenticule extraction

6. Manuscript Identifying Number (if you know it)  
   ATM-20-6759

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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   - No  
   
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Section 1. Identifying Information

1. Given Name (First Name)  
   Tian

2. Surname (Last Name)  
   Han

3. Date  
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   Corresponding Author’s Name  
   Xingtao Zhou

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   Yinan

2. Surname (Last Name)  
   Han

3. Date  
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5. Manuscript Title  
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Fang

2. Surname (Last Name)  
Liu

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25-November-2020

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Corresponding Author's Name  
Xingtao Zhou

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1. Given Name (First Name) Xingtao
2. Surname (Last Name) Zhou
3. Date 25-November-2020
4. Are you the corresponding author? ✔ Yes □ No

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