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) Yanan
2. Surname (Last Name) Huo
3. Date 30-June-2020
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Xiuming Jin
5. Manuscript Title Therapeutic Effect of Intense Pulsed Light on Meibomian Gland Dysfunction with or without Ocular Demodex Infestation
6. Manuscript Identifying Number (if you know it) ATM-20-1745

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Dr. Huo has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Yanping Mo                | Huo                    | 30-June-2020 |

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

| Corresponding Author's Name |  
|----------------------------|  
| Xiuming Jin                |  

5. Manuscript Title  
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Wu
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1. Given Name (First Name) Yaying
2. Surname (Last Name) Wu
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4. Are you the corresponding author? □ Yes ☒ No
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1. Given Name (First Name)
   Fei

2. Surname (Last Name)
   Fang

3. Date
   30-June-2020

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   Corresponding Author’s Name
   Xuming Jin

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   Jin  

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