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) | Dongxuan |
|----------------------------|----------|
| 2. Surname (Last Name)    | Wu       |
| 3. Date                    | 19-March-2020 |
| 4. Are you the corresponding author? | ☐ Yes ☑ No |
| Corresponding Author’s Name | Haotian Lin & Zhenzhen Liu |
| 5. Manuscript Title        | Artificial intelligence-tutoring Problem-based Learning in Ophthalmology Clerkship |
| 6. Manuscript Identifying Number (if you know it) | ATM-2019-MAIR-07(ATM-19-2638) |

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Dr. Wu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Yifan

2. Surname (Last Name)  
   Xiang

3. Date  
   19-March-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name: Haotian Lin & Zhenzhen Liu

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Dr. Xiang has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Xiaohang

2. Surname (Last Name)  
Wu

3. Date  
19-March-2020

4. Are you the corresponding author?  
☑ Yes  
☐ No  

Corresponding Author’s Name  
Haotian Lin & Zhenzhen Liu

5. Manuscript Title  
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Section 1. Identifying Information
1. Given Name (First Name) Tongyong
2. Surname (Last Name) Yu
3. Date 19-March-2020
4. Are you the corresponding author? □ Yes ✔ No
   Corresponding Author’s Name Haotian Lin & Zhenzhen Liu
5. Manuscript Title Artificial intelligence-tutoring Problem-based Learning in Ophthalmology Clerkship
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Dr. Yu has nothing to disclose.

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Huang
ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Xiucheng  
2. Surname (Last Name)  
   Huang  
3. Date  
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4. Intellectual Property.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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)**
   - Yuxian

2. **Surname (Last Name)**
   - Zou

3. **Date**
   - 19-March-2020

4. **Are you the corresponding author?**
   - [ ] Yes   [✓] No
   - **Corresponding Author’s Name**
     - Haotian Lin & Zhenzhen Liu

5. **Manuscript Title**
   - Artificial intelligence-tutoring Problem-based Learning in Ophthalmology Clerkship

6. **Manuscript Identifying Number (if you know it)**
   - ATM-2019-MAIR-07(ATM-19-2638)

## Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
- [ ] Yes   [✓] No

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were **present during the 36 months prior to publication**.

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- [ ] Yes   [✓] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Zou has nothing to disclose.

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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.

1. Identifying information.
2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name)  
Zhenzhen

2. Surname (Last Name)  
Liu

3. Date  
19-March-2020

4. Are you the corresponding author?  
✓ Yes  
☐ No

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✓ No

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Dr. Liu has nothing to disclose.

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1. **Given Name (First Name)**
   - Haotian

2. **Surname (Last Name)**
   - Lin

3. **Date**
   - 19-March-2020

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No

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