ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Dan</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Wang</td>
</tr>
<tr>
<td>3. Date</td>
<td>26-June-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes</td>
</tr>
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</table>

**Corresponding Author’s Name**
Fengju Zhang

**Manuscript Title**
Postoperative Changes in Corneal Epithelial and Stromal Thickness Profiles After SMILE in High Myopic Eyes

**Manuscript Identifying Number (if you know it)**

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

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Ning
2. Surname (Last Name)  Guo
3. Date  26-June-2020
4. Are you the corresponding author?  Yes  No  ✔
Corresponding Author’s Name  Fengju Zhang
5. Manuscript Title  Postoperative Changes in Corneal Epithelial and Stromal Thickness Profiles After SMILE in High Myopic Eyes
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Dr. Guo has nothing to disclose.

**Evaluation and Feedback**

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1. Given Name (First Name)  
   Yan

2. Surname (Last Name)  
   Zheng

3. Date  
   26-June-2020

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   Fengju Zhang

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1. Given Name (First Name)  
Fengju

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Zhang

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26-June-2020

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