Date:____Mar. 17th, 2021____ Your Name:___ Liu Xueying Zhong ___

Consulting fees

_X__None

	anuscript Title: A Case anuscript number (if known)		mitis Misdiagnosed as Uveitis
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a poso.
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	il planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
2	Crants or contracts from	Time frame: past	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
З	Royalties or licenses	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V N	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	XNone	
	meetings and, or traver		
8	Patents planned, issued or	X None	
Ü	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
DI	Please summarize the above conflict of interest in the following box:		
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	None.		

Date:Mar. 17 th , 2021
Your Name: Hongyi Shen
Manuscript Title: A Case of Infectious Endophthalmitis Misdiagnosed as Uveitis
Manuscript number (if known):AES-20-138
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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
-	educational events	V N	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
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8	Patents planned, issued or	X None	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
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	committee or advocacy		
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11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	Please summarize the above conflict of interest in the following box:		
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Date:Mar. 17 th , 2021
Your Name: Wanwen Shao
Manuscript Title: A Case of Infectious Endophthalmitis Misdiagnosed as Uveitis
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