| Date: _ Julie 2 2022 |
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| Your Name: Ji Shao |
| Manuscript Title: Deep learning-based image analysis of eyelid morphology in thyroid-associated ophthalmopathy |
| Manuscript number (if known): |

Datas June 2nd 2022

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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) |
|---|---|---|---|
| 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. | _ X None | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pastXNone | 36 months |
| 3 | Royalties or licenses | _ X None | |
| 4 | Consulting fees | _ X None | |

| 5 | Payment or honoraria for | _ X None | |
|-----|------------------------------|----------------------------|----------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | | |
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| 7 | Support for attending | _ X None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | _ X None | |
| | pending | | |
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| 9 | Participation on a Data | _ X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | _ X None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 44 | group, paid or unpaid | | |
| 11 | Stock or stock options | _ X None | |
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| 12 | Receipt of equipment, | V None | |
| 12 | materials, drugs, medical | X None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Ple | ease summarize the above c | onflict of interest in the | following box: |
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| Date: _ June 2 nd 2022 |
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| Your Name: Xingru Huang |
| Manuscript Title: Deep learning-based image analysis of eyelid morphology in thyroid-associated ophthalmopathy |
| Manuscript number (if known): |

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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _ X None | |
| 3 | Royalties or licenses | _ XNone | |
| 4 | Consulting fees | _ X None | |
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| 5 | Payment or honoraria for | _ X None | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | _ X None | |
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| 7 | Support for attending meetings and/or travel | _ 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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| 11 | Stock or stock options | _XNone | |
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| 12 | Receipt of equipment, materials, drugs, medical | _XNone | |
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| 13 | Other financial or non- | X None | |
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| Date Julie 2 2022 |
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| Your Name: Tao Gao |
| Manuscript Title: Deep learning-based image analysis of eyelid morphology in thyroid-associated ophthalmopat |
| Manuscript number (if known): |

Datas June 2nd 2022

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| 3 | Royalties or licenses | _ X None | |
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| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | _ X None | |
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| 7 | Support for attending meetings and/or travel | _ X None | |
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| 8 | Patents planned, issued or | X None | |
| | pending | | |
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| 9 | Participation on a Data | _XNone | |
| | Safety Monitoring Board or | | |
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| 10 | Leadership or fiduciary role | _ X None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _XNone | |
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| 12 | Receipt of equipment, materials, drugs, medical | _XNone | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Date Julie 2 2022 |
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| Your Name: Jing Cao |
| Manuscript Title: Deep learning-based image analysis of eyelid morphology in thyroid-associated ophthalmopatl |
| Manuscript number (if known): |

Datas June 2nd 2022

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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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| 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 | |
| | Time frame: past | 36 months |
| Grants or contracts from any entity (if not indicated in item #1 above). | _ X None | |
| Royalties or licenses | _ X None | |
| Consulting fees | X None | |
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| | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). | whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial 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. Time frame: past XNone Time frame: pastXNone any entity (if not indicated in item #1 above). Royalties or licenses XNone |

| 5 | Payment or honoraria for | _ X None | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | _ X None | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | _ X None | |
| | meetings una/or traver | | |
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| 8 | Patents planned, issued or | X None | |
| | pending | | |
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| 9 | Participation on a Data | _XNone | |
| | Safety Monitoring Board or | | |
| | 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 | |
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| 12 | Descipt of a suitage and | | |
| 12 | Receipt of equipment, materials, drugs, medical | _XNone | |
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| | financial interests | | |
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| Ple | ease summarize the above c | onflict of interest in the | e following box: |
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| Date: _ June 2 nd 2022 |
|---|
| Your Name: Yaqi Wang |
| Manuscript Title: Deep learning-based image analysis of eyelid morphology in thyroid-associated ophthalmopath |
| Manuscript number (if known): |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | _ X None | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | _ X None | |
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| 8 | Patents planned, issued or | X None | |
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| 9 | Participation on a Data | _XNone | |
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| 10 | Leadership or fiduciary role | _ X None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _XNone | |
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| 12 | Descipt of a suitage and | | |
| 12 | Receipt of equipment, materials, drugs, medical | _XNone | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Date: _ June 2 nd 2022 |
|---|
| Your Name: Qianni Zhang |
| Manuscript Title: Deep learning-based image analysis of eyelid morphology in thyroid-associated ophthalmopath |
| Manuscript number (if known): |

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| 4 | Consulting fees | _ X None | |

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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | _ X None | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | _ X None | |
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| 8 | Patents planned, issued or | X None | |
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| 9 | Participation on a Data | _XNone | |
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| 10 | Leadership or fiduciary role | _ X None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _XNone | |
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| 12 | Descipt of a suitage and | | |
| 12 | Receipt of equipment, materials, drugs, medical | _XNone | |
| | writing, gifts or other | | |
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| 13 | Other financial or non- | X None | |
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| Ple | ease summarize the above c | onflict of interest in the | e following box: |
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| Date: _ June 2 nd 2022 |
|---|
| Your Name: Lixia Lou |
| Manuscript Title: Deep learning-based image analysis of eyelid morphology in thyroid-associated ophthalmopath |
| Manuscript number (if known): |

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| 6 | Payment for expert | _ X None | |
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| 7 | Support for attending meetings and/or travel | _ 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 | |
| | in other board, society, | | |
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| | group, paid or unpaid | | |
| 11 | Stock or stock options | _XNone | |
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| 12 | Receipt of equipment, materials, drugs, medical | _XNone | |
| | writing, gifts or other | | |
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| 13 | Other financial or non- | X None | |
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| Ple | ease summarize the above c | onflict of interest in the | e following box: |
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| Date: _ June 2 2022 |
|---|
| Your Name: Juan Ye |
| Manuscript Title: Deep learning-based image analysis of eyelid morphology in thyroid-associated ophthalmopath |
| Manuscript number (if known): |

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| 4 | Consulting fees | _ XNone | |

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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 | | |
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| 10 | Leadership or fiduciary role | _ X None | |
| | in other board, society, | | |
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| 11 | Stock or stock options | _XNone | |
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| | financial interests | | |
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