

ICMJE DISCLOSURE FORM

Date: 2022. 5. 25
 Your Name: Xi Liu
 Manuscript Title: Cortical visual prosthesis systems: the latest progress and significance of nanotechnology for the future
 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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| Time frame: Since the initial 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. | National Key Research and Development Program of China (Grant No. 2017YFA0701304) | RMB 500,000 |
| | | Postgraduate Research & Practice Innovation Program of Jiangsu Province (Grant No. KYCX_2076) | RMB 20,000 |
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| Time frame: past 36 months | | | |
| 2 | | None | |

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| | Grants or contracts from any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | ___ None | |
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| 7 | Support for attending meetings and/or travel | ___ None | |
| 8 | Patents planned, issued or pending | ___ None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___ None | |
| 11 | Stock or stock options | ___ None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
| 13 | Other financial or non-financial interests | ___ None | |

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2022. 5. 25
 Your Name: Peipei Chen
 Manuscript Title: Cortical visual prosthesis systems: the latest progress and significance of nanotechnology for the future
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ICMJE DISCLOSURE FORM

Date: 2022. 5. 25
 Your Name: Xuemeng Ding
 Manuscript Title: Cortical visual prosthesis systems: the latest progress and significance of nanotechnology for the future
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ICMJE DISCLOSURE FORM

Date: 2022. 5. 25
 Your Name: Anning Liu
 Manuscript Title: Cortical visual prosthesis systems: the latest progress and significance of nanotechnology for the future
 Manuscript number (if known): _____

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Date: 2022. 5. 25

Your Name: Peng Li

Manuscript Title: Cortical visual prosthesis systems: the latest progress and significance of nanotechnology for the future

Manuscript number (if known): _____

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Date: 2022. 5. 25
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