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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Tao  
2. Surname (Last Name)  Wang  
3. Date  19-March-2020  
4. Are you the corresponding author?  Yes ☐  No ☑  
   Corresponding Author's Name  Xing Liu, Xun Liu, Shi Qi Ling  
5. Manuscript Title  
   Quantitative analysis of functional filtering bleb size using Mask R-CNN  
6. Manuscript Identifying Number (if you know it)  ATM-19-3113  

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Wang
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1. Given Name (First Name)  Lei
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4. Are you the corresponding author? ☑ Yes  ❏ No
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1. **Given Name (First Name)**
   - Jing

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

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

4. **Are you the corresponding author?**
   - Yes

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Yi Sun

2. Surname (Last Name)  
Sun

3. Date  
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4. Are you the corresponding author?  
☑ Yes  ❌ No

Corresponding Author’s Name  
Xing Liu, Xun Liu, Shi Qi Ling

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6. Manuscript Identifying Number (if you know it)  
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