

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ifat	2. Surname (Last Name) Sher	3. Date 20-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ygal Rotenstreich
5. Manuscript Title In vivo retinal imaging in translational regenerative research		
6. Manuscript Identifying Number (if you know it) ATM-2020-OR-02(ATM-20-4355)		

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Dr. Sher has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Moverman	3. Date 21-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ygal Rotenstreich
5. Manuscript Title In vivo retinal imaging in translational regenerative research		
6. Manuscript Identifying Number (if you know it) ATM-2020-OR-02(ATM-20-4355)		

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Dr. Moverman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Hadas

2. Surname (Last Name)

Ketter Katz

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr. Ygal Rotenstreich

5. Manuscript Title

In vivo retinal imaging in translational regenerative research

6. Manuscript Identifying Number (if you know it)

ATM-2020-OR-02(ATM-20-4355)

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Dr. Ketter Katz has nothing to disclose.

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1. Given Name (First Name) ELAD 2. Surname (Last Name) MISSEZEV 3. Date 20/7/20

4. Are you the corresponding author? Yes No Corresponding Author's Name
Ygal Rotenstreich

5. Manuscript Title
In vivo retinal imaging in translational regenerative research

6. Manuscript Identifying Number (if you know it)
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NONE.

Paul M. S. ... MD

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Ygal

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Rotenstreich

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