Date: ___Aug.10th,2022__ Your Name: __Qi Zhang__ Manuscript Title: _ Regulator of G-protein signaling 1 promotes choroidal neovascularization in age-related macular degeneration__ Manuscript number (if known):

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

5	Payment or honoraria for lectures, presentations,	XNone
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	_ XNone
7	Support for attending meetings and/or travel	_ X None
8	Patents planned, issued or pending	XNone
9	Participation on a Data	X None
5	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	_ X None
12	Receipt of equipment,	_ XNone
	materials, drugs, medical writing, gifts or other	
13	services Other financial or non-	V Nore
13	other financial or non- financial interests	_ XNone

None.

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Date: ___Aug.10th,2022__ Your Name: __Fengbin Zhang__ Manuscript Title: _ Regulator of G-protein signaling 1 promotes choroidal neovascularization in age-related macular degeneration__ Manuscript number (if known):

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3	Royalties or licenses	_ X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	XNone
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	_ XNone
7	Support for attending meetings and/or travel	_ X None
8	Patents planned, issued or pending	XNone
9	Participation on a Data	X None
5	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	_ X None
12	Receipt of equipment,	_ XNone
	materials, drugs, medical writing, gifts or other	
13	services Other financial or non-	V Nore
13	other financial or non- financial interests	_ XNone

None.

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Date: ___Aug.10th,2022__ Your Name: __Yangchen Guo__ Manuscript Title: _ Regulator of G-protein signaling 1 promotes choroidal neovascularization in age-related macular degeneration__ Manuscript number (if known):

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3	Royalties or licenses	_ X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	XNone
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	_ XNone
7	Support for attending meetings and/or travel	_ X None
8	Patents planned, issued or pending	XNone
9	Participation on a Data	X None
5	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	_ X None
12	Receipt of equipment,	_ XNone
	materials, drugs, medical writing, gifts or other	
13	services Other financial or non-	V Nore
13	other financial or non- financial interests	_ XNone

None.

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Date: ___Aug.10th,2022__ Your Name: __Yanyan Liu__ Manuscript Title: _ Regulator of G-protein signaling 1 promotes choroidal neovascularization in age-related macular degeneration__ Manuscript number (if known):

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2	Grants or contracts from	X _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	_ XNone
7	Support for attending meetings and/or travel	_ X None
8	Patents planned, issued or pending	XNone
9	Participation on a Data	X None
5	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	_ X None
12	Receipt of equipment,	_ XNone
	materials, drugs, medical writing, gifts or other	
13	services Other financial or non-	V Nore
13	other financial or non- financial interests	_ XNone

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: ___Aug.10th,2022__ Your Name: __Ningxin Pan__ Manuscript Title: _ Regulator of G-protein signaling 1 promotes choroidal neovascularization in age-related macular degeneration__ Manuscript number (if known):_____

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	_ XNone
7	Support for attending meetings and/or travel	_ X None
8	Patents planned, issued or pending	XNone
9	Participation on a Data	X None
5	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	_ X None
12	Receipt of equipment,	_ X None
	materials, drugs, medical writing, gifts or other	
13	services Other financial or non-	V Nore
13	other financial or non- financial interests	_ XNone

None.

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Date: ____Aug.10th,2022___ Your Name: ___Hong Chen___ Manuscript Title: _ Regulator of G-protein signaling 1 promotes choroidal neovascularization in age-related macular degeneration___ Manuscript number (if known):_____

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3	Royalties or licenses	_ X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	XNone
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	_ XNone
7	Support for attending meetings and/or travel	_ X None
8	Patents planned, issued or pending	XNone
9	Participation on a Data	X None
5	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	_ X None
12	Receipt of equipment,	_ XNone
	materials, drugs, medical writing, gifts or other	
13	services Other financial or non-	V Nore
13	other financial or non- financial interests	_ XNone

None.

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Date: ____Aug.10th,2022___ Your Name: ___Ju Huang___ Manuscript Title: _ Regulator of G-protein signaling 1 promotes choroidal neovascularization in age-related macular degeneration___ Manuscript number (if known):

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3	Royalties or licenses	X None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	_ XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data	X None
5	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role in other board, society,	X None
	committee or advocacy group, paid or unpaid	
11	Stock or stock options	_ X None
10		
12	Receipt of equipment, materials, drugs, medical	_ XNone
	writing, gifts or other services	
13	Other financial or non-	X None
15	financial interests	

None.

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Date: ___Aug.10th,2022__ Your Name: __ Bifan Yu__ Manuscript Title: _ Regulator of G-protein signaling 1 promotes choroidal neovascularization in age-related macular degeneration__ Manuscript number (if known):

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	any entity (if not indicated		
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3	Royalties or licenses	X None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	_ XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data	X None
5	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role in other board, society,	X None
	committee or advocacy group, paid or unpaid	
11	Stock or stock options	_ X None
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12	Receipt of equipment, materials, drugs, medical	_ XNone
	writing, gifts or other services	
13	Other financial or non-	X None
15	financial interests	

None.

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Date: ___Aug.10th,2022__ Your Name: __Aimin Sang__ Manuscript Title: _ Regulator of G-protein signaling 1 promotes choroidal neovascularization in age-related macular degeneration__ Manuscript number (if known):

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