

ICMJE DISCLOSURE FORM

Date: April.21^{ed},2021_____

Your Name: _ Huiling Hu_____

Manuscript Title: _ Retrograde fluorogold labeling of retinal ganglion cells in neonatal mice

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.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

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13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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Date: April.21^{ed},2021_____

Your Name: Ying Liu_____

Manuscript Title: Retrograde fluorogold labeling of retinal ganglion cells in neonatal mice

Manuscript number (if known):_____

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Date: April.21^{ed},2021_____

Your Name: _ Kang Li _____

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Date: April.21^{ed},2021_____

Your Name: _ Yunyun Zou _____

Manuscript Title: _ Retrograde fluorogold labeling of retinal ganglion cells in neonatal mice

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Your Name: Jiantao Wang _____

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