Date: <u>October 30, 2023</u>				
our Name: Austin C. Cooper				
Manuscript Ti	le: <u>Diffusion Tensor Imaging of Optic Neuropathies: A Systematic Review</u>			
Manuscript nu	mber (if known): QIMS-23-779-R1			

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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		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	XNone	planning of the work
	processing charges, etc.) No time limit for this item.		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
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	XNone			
	testimony				
7	Support for attending	XNone			
,	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
	Safety Monitoring Board or				
10	Advisory Board	V None			
10	Leadership or fiduciary role in other board, society,	XNone			
	committee or advocacy				
11	group, paid or unpaid Stock or stock options	X None			
	Stock of Stock options				
42	Descript of annium and	V. Nana			
12	Receipt of equipment, materials, drugs, medical	_XNone			
	writing, gifts or other				
13	services Other financial or non-	X None			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	None.				

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

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

Date: Octobe	Date: October 26, 2023			
Your Name:	Maxim	Tchernykh		
Manuscript T	itle:	Diffusion Tensor Imaging of Optic Neuropathies: A Systematic Review		
Manuscript n	umber (if I	known): OIMS-23-779-R1		

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		Time frame: Since the initial	planning of the work
1	All support for the present	xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x_None	
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 Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	xNone	
	ease summarize the above co	onflict of interest in the following box:	

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

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

form.

Date: October 25, 2023			
Your Name: Amir Shmuel			
Manuscript Ti	e: <u>Diffusion Tensor Imaging of Optic Neuropathies: A Systematic Review</u>		
Manuscript no	nber (if known): QIMS-23-779-R1		

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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initial	planning of the work
4	All suggest for the con-	I	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time illint for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	U.S. Department of Defense CDMRP	
	in item #1 above).	Vision Research	
		Program Grant #	
		W81XWH1910853	
3	Royalties or licenses	X_None	

4	Consulting fees	XNone	
5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
_		V. Nors	
6	Payment for expert	XNone	
	testimony		
7	Company for other allers	V None	
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
4.5			
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	V None	
13	Other financial or non- financial interests	XNone	
	illianciai interests		

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

This study was supported by a fund from the U.S. Department of Defense CDMRP Vision Research Program (Grant # W81XWH1910853).

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

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

Date: <u>October 25, 2023</u>				
Your Name: Janine D. Mendola				
Manuscript Ti	tle: Diffusion Tensor Imaging of Optic Neuropathies: A Systematic Review			
Manuscript nu	imber (if known): OIMS-23-779-R1			

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3	Royalties or licenses	X_None	

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

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