

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Zhiying

2. Surname (Last Name)

Xie

3. Date

05-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ruikang Wang

5. Manuscript Title

Optical Coherence Tomography Angiography Measures Blood Pulsatile Waveforms at Variable Tissue Depths

6. Manuscript Identifying Number (if you know it)

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Geng

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Wang

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05-August-2020

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No

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1. Given Name (First Name) Yuxuan	2. Surname (Last Name) Cheng	3. Date 05-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ruikang Wang
5. Manuscript Title Optical Coherence Tomography Angiography Measures Blood Pulsatile Waveforms at Variable Tissue Depths		
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1. Given Name (First Name)

Ruikang

2. Surname (Last Name)

Wang

3. Date

05-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Optical Coherence Tomography Angiography Measures Blood Pulsatile Waveforms at Variable Tissue Depths

6. Manuscript Identifying Number (if you know it)

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Xie has nothing to disclose.

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