Date: _____Oct. 15th, 2021 _____

 Your Name: ____ Yufang Su ____

 Manuscript Title: ____ Quantification of peripapillary vessel density in non-arteritic anterior ischemic optic neuropathy

 patients with optical coherence tomography angiography _____

 Manuscript number (if known): _____ QIMS-21-800-R3_____

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	V. Nene	
6	Payment for expert testimony	XNone	
7	Support for attending	X None	
'	meetings and/or travel		
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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	XNone	
4.2			
12	Receipt of equipment, materials, drugs, medical	X_None	
l	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

 Date: _____Oct. 15th, 2021 _____

 Your Name: _____Song Zhang ____

 Manuscript Title: _____Quantification of peripapillary vessel density in non-arteritic anterior ischemic optic neuropathy

 patients with optical coherence tomography angiography _____

 Manuscript number (if known): _____QIMS-21-800-R3_____

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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
4.2			
12	Receipt of equipment, materials, drugs, medical	X_None	
l	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

 Date: _____Oct. 15th, 2021 _____

 Your Name: ____ Guisen Zhang ___

 Manuscript Title: ____ Quantification of peripapillary vessel density in non-arteritic anterior ischemic optic neuropathy

 patients with optical coherence tomography angiography _____

 Manuscript number (if known): _____ QIMS-21-800-R3______

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6	educational events	V. Nene	
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11	Stock or stock options	XNone	
4.2			
12	Receipt of equipment, materials, drugs, medical	X_None	
l	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

 Date: _____Oct. 15th, 2021 _____

 Your Name: ____ Yingru Liu ___

 Manuscript Title: ____ Quantification of peripapillary vessel density in non-arteritic anterior ischemic optic neuropathy

 patients with optical coherence tomography angiography _____

 Manuscript number (if known): _____ QIMS-21-800-R3_____

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	speakers bureaus,		
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6	educational events	V. Nene	
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7	Support for attending	X None	
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	Advisory Board		
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
4.2			
12	Receipt of equipment, materials, drugs, medical	X_None	
l	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

 Date: ____Oct. 15th, 2021____

 Your Name: ____Zhiguo Du ___

 Manuscript Title: ____Quantification of peripapillary vessel density in non-arteritic anterior ischemic optic neuropathy

 patients with optical coherence tomography angiography _____

 Manuscript number (if known): ____ QIMS-21-800-R3_____

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11	Stock or stock options	XNone	
4.2			
12	Receipt of equipment, materials, drugs, medical	X_None	
l	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

 Date: ____Oct. 15th, 2021____

 Your Name: ____<u>Daming Li____</u>

 Manuscript Title: ____<u>Quantification of peripapillary vessel density in non-arteritic anterior ischemic optic neuropathy patients with optical coherence tomography angiography _____

 Manuscript number (if known): ____<u>QIMS-21-800-R3______</u>

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12	Receipt of equipment, materials, drugs, medical	X_None	
l	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

 Date:
 Oct. 15th, 2021

 Your Name:
 Lei Liu

 Manuscript Title:
 Quantification of peripapillary vessel density in non-arteritic anterior ischemic optic neuropathy

 patients with optical coherence tomography angiography

 Manuscript number (if known):
 QIMS-21-800-R3

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	V. Nene	
6	testimony	XNone	
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7	Support for attending	X None	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
4.2			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
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13	Other financial or non- financial interests	XNone	
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None.

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