

## ICMJE DISCLOSURE FORM

Date: Jan. 31<sup>th</sup>, 2022

Your Name: Lin Yao

Manuscript Title: Endoscopic OCT angiography using inverse SNR-amplitude decorrelation features and electrothermal MEMS raster scan

Manuscript number (if known): QIMS-21-1056

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	__X__ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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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:

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

## ICMJE DISCLOSURE FORM

Date: Jan. 31<sup>th</sup>, 2022

Your Name: Huakun Li

Manuscript Title: Endoscopic OCT angiography using inverse SNR-amplitude decorrelation features and electrothermal MEMS raster scan

Manuscript number (if known): QIMS-21-1056

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## ICMJE DISCLOSURE FORM

Date: Jan. 31<sup>th</sup>, 2022

Your Name: Kaiyuan Liu

Manuscript Title: Endoscopic OCT angiography using inverse SNR-amplitude decorrelation features and electrothermal MEMS raster scan

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## ICMJE DISCLOSURE FORM

Date: Jan. 31<sup>th</sup>, 2022

Your Name: Ziyi Zhang

Manuscript Title: Endoscopic OCT angiography using inverse SNR-amplitude decorrelation features and electrothermal MEMS raster scan

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## ICMJE DISCLOSURE FORM

Date: Jan. 31<sup>th</sup>, 2022

Your Name: Peng Li

Manuscript Title: Endoscopic OCT angiography using inverse SNR-amplitude decorrelation features and electrothermal MEMS raster scan

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