Date: May 10th, 2022 Your Name: Nadine Stache

Manuscript Title: Assessment of dynamic corneal nerve changes using static landmarks by in vivo large-area confocal

microscopy – a longitudinal proof-of-concept study

Manuscript number (if known): QIMS-22-15

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	

le	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	Ms. Stache has nothing to disclose.		

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: May 9th, 2022

Your Name: Katharina Sterenczak

Manuscript Title: Assessment of dynamic corneal nerve changes using static landmarks by in vivo large-area confocal

microscopy – a longitudinal proof-of-concept study

Manuscript number (if known): QIMS-22-15

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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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past German Federal Ministry of Education and Research	36 months Antifibrotix, 03VP06230
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	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	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		
40				
12	Receipt of equipment,	XNone		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
DI		aflict of intovact in the	following how	

Dr. Sterenczak reports grants from German Federal Ministry of Education and Research, outside the submitted work.

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: May 10th, 2022

Your Name: Karsten Sperlich

Manuscript Title: Assessment of dynamic corneal nerve changes using static landmarks by in vivo large-area confocal

microscopy – a longitudinal proof-of-concept study

Manuscript number (if known): QIMS-22-15

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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.	Deutsche Forschungsgemeinschaft (DFG, German Research Foundation)	grant number STA 543/9-1
		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	X None	
	. J		
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	^NOTIE	
	meetings unayor traver		
8	Patents planned, issued or	X None	
0	pending		
	penam _B		
9	Participation on a Data	X None	
	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	
12	Receipt of equipment,	V None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Dr. Sperlich reports grants from Deutsche Forschungsgemeinschaft (DFG, German Research Foundation), during the conduct of the study.

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: May 9th, 2022 Your Name: Carl Marfurt

Manuscript Title: Assessment of dynamic corneal nerve changes using static landmarks by in vivo large-area confocal

microscopy – a longitudinal proof-of-concept study

Manuscript number (if known): QIMS-22-15

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
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		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
	Dr. Marfurt has nothing to disc	lose.		

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: May 2nd, 2022

Your Name: Stephan Allgeier

Manuscript Title: Assessment of dynamic corneal nerve changes using static landmarks by in vivo large-area confocal

microscopy - a longitudinal proof-of-concept study

Manuscript number (if known): QIMS-22-15

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	Deutsche Forschungsgemeinschaft (DFG, German Research Foundation)	grant number KO 5003/1-2
		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		
c	educational events Payment for expert	X None	
6	testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	5. 5. 5, 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.		
8	Patents planned, issued or	Deutsches Patent- und	patent number: 10 2010 021 346.2,
	pending	Markenamt	"Ophthalmologisches Untersuchungsgerät",
			patent issued
0	Posticipation on a Data	V. None	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	^NOTIE	
	illulicidi iliterests		

Dr. Allgeier reports grants from Deutsche Forschungsgemeinschaft (DFG, German Research Foundation), during the conduct of the study; in addition, Dr. Allgeier has a patent 10 2010 021 346.2, "Ophthalmologisches Untersuchungsgerät" issued.

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 thi form.			

Date: May 9th, 2022 Your Name: Bernd Köhler

Manuscript Title: Assessment of dynamic corneal nerve changes using static landmarks by in vivo large-area confocal

microscopy – a longitudinal proof-of-concept study

Manuscript number (if known): QIMS-22-15

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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)
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		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 educational events		
6	Payment for expert	X None	
0	testimony	XNOTIE	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	G ,		
8	Patents planned, issued or	Deutsches Patent- und	patent number: 10 2010 021 346.2,
	pending	Markenamt	"Ophthalmologisches Untersuchungsgerät",
			patent issued
9	Participation on a Data	X None	
9	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Dr. Köhler reports grants from Deutsche Forschungsgemeinschaft (DFG, German Research Foundation), during the conduct of the study; in addition, Dr. Köhler has a patent 10 2010 021 346.2, "Ophthalmologisches Untersuchungsgerät" issued.

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 thi form.			

Date: May 9th, 2022 Your Name: Ralf Mikut

Manuscript Title: Assessment of dynamic corneal nerve changes using static landmarks by in vivo large-area confocal

microscopy - a longitudinal proof-of-concept study

Manuscript number (if known): QIMS-22-15

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		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	
7	consulting rees	XNone	
5	Payment or honoraria for	X None	
,	lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
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	in other board, society, committee or advocacy	XNone	
11	group, paid or unpaid	V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	

Prof. Mikut reports grants from Deutsche Forschungsgemeinschaft (DFG, German Research Foundation), during the conduct of the study.

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 the form.		

Date: May 9th, 2022

Your Name: Andreas Bartschat

Manuscript Title: Assessment of dynamic corneal nerve changes using static landmarks by in vivo large-area confocal

microscopy – a longitudinal proof-of-concept study

Manuscript number (if known): QIMS-22-15

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		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		
	educational events	V N	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
′	meetings and/or travel		
	meetings and/or traver		
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	
	TITOM OF STOCK OPERATION		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Mr. Bartschat reports grants from Deutsche Forschungsgemeinschaft (DFG, German Research Foundation), during the conduct of the study.		

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: May 9th, 2022

Your Name: Klaus-Martin Reichert

Manuscript Title: Assessment of dynamic corneal nerve changes using static landmarks by in vivo large-area confocal

microscopy – a longitudinal proof-of-concept study

Manuscript number (if known): QIMS-22-15

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		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		
	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	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	
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 iliterests		
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Mr. Reichert has nothing to disclose.			

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: May 10th, 2022

Your Name: Rudolf Guthoff

Manuscript Title: Assessment of dynamic corneal nerve changes using static landmarks by in vivo large-area confocal

microscopy – a longitudinal proof-of-concept study

Manuscript number (if known): QIMS-22-15

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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	German Federal Ministry	RESPONSE "Partnership for Innovation in Implant
	any entity (if not indicated	of Education and Research	Technology"
	in item #1 above).		
3	Royalties or licenses	XNone	
		·	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	XNone	
-	meetings and/or travel		
	5 ,		
	B	V N	
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	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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Prof. Guthoff reports grants from German Federal Ministry of Education and Research, outside the submitted work.

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

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

Date: May 9th, 2022 Your Name: Angrit Stachs

Manuscript Title: Assessment of dynamic corneal nerve changes using static landmarks by in vivo large-area confocal

microscopy – a longitudinal proof-of-concept study

Manuscript number (if known): QIMS-22-15

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	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	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
	meetings unaper traver			
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		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
ΡΙ	Please summarize the above conflict of interest in the following box:			
	Dr. Angrit Stachs has no conflicts of interest.			

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: May 10th, 2022 Your Name: Oliver Stachs

Manuscript Title: Assessment of dynamic corneal nerve changes using static landmarks by in vivo large-area confocal

microscopy – a longitudinal proof-of-concept study

Manuscript number (if known): QIMS-22-15

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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	Deutsche	grant number STA 543/6-2
	manuscript (e.g., funding,	Forschungsgemeinschaft	
	provision of study materials,	(DFG, German Research	
	medical writing, article	Foundation)	
	processing charges, etc.)	Deutsche	grant number STA 543/9-1
	No time limit for this item.	Forschungsgemeinschaft	
		(DFG, German Research	
		Foundation)	
		Deutsche	grand number INST 264/190-1 FUGG
		Forschungsgemeinschaft	
		(DFG, German Research	
		Foundation)	
		Time frame: past	36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	German Federal Ministry of Education and Research	Antifibrotix, 03VP06230
3	Royalties or licenses	X_None	
4	Consulting fees	X None	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data	X None	
	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	
12	Possint of aguinment	X None	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
13	services Other financial or non-	XNone	
13	financial interests		
	manda mereses		

Prof. Stachs reports grants from Deutsche Forschungsgemeinschaft (DFG, German Research Foundation), during the conduct of the study; in addition, Prof. Stachs reports grants from German Federal Ministry of Education and Research, outside the submitted work.

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 or form.	n this

Date: May 10th, 2022

Your Name: Sebastian Bohn

Manuscript Title: Assessment of dynamic corneal nerve changes using static landmarks by in vivo large-area confocal

microscopy – a longitudinal proof-of-concept study

Manuscript number (if known): QIMS-22-15

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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.	Deutsche Forschungsgemeinschaft (DFG, German Research Foundation)	grant number STA 543/6-2
		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	X None	
	. J		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone	
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending	X None	
,	meetings and/or travel	^NOTIE	
	meetings unayor traver		
8	Patents planned, issued or	X None	
0	pending		
	penam _B		
9	Participation on a Data	X None	
	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	
12	Receipt of equipment,	X None	
12	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	

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