

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent



Section 1.	Identifying Information				
1. Given Name (Fi Masoud	rst Name)	2. Surname (Last Name) Aghsaei Fard		Date 5-July-2020	
4. Are you the corresponding author? Yes 🖌 No		Yes 🖌 No	Corresponding Author's Name Prem S. Subramanian		
5. Manuscript Title Optical coheren		nemic optic neuropathy			

Section 2. The Work Under Consideration for Publication

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.)?

🖌 No

Are there any relevant conflicts of interest?	`	Yes
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No



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Dr. Aghsaei Fard has nothing to disclose.

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Section 1.	Identifying Information					
1. Given Name (Fi Hossain	rst Name)	2. Surname (Last Name) Ghahvehchian	3. Date 25-July-2020			
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Prem S. Subramanian			
5. Manuscript Title Optical coherene		nemic optic neuropathy				

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 Given Name (First Name) Prem Are you the corresponding author? 		2. Surname (Last Name) Subramanian	3. Date 25-July-2020				
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support	Other?	Comments	
Quark Pharmaceuticals	\checkmark	\checkmark				

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