

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Giulia	2. Surname (Last Name) Corradetti	3. Date 28-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sadda Srinivas
5. Manuscript Title Choriocapillaris in Non-neovascular Age-related macular degeneration as evaluated by optical coherence tomography angiography		
6. Manuscript Identifying Number (if you know it) AES-2020-RID-03(AES-20-111)		

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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

### 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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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Corradetti has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Federico	2. Surname (Last Name) Corvi	3. Date 28-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sadda Srinivas
5. Manuscript Title Choriocapillaris in Non-neovascular Age-related Macular Degeneration as Evaluated by Optical Coherence Tomography Angiography		
6. Manuscript Identifying Number (if you know it) AES-2020-RID-03(AES-20-111)		

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

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Dr. Corvi has nothing to disclose.

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1. Given Name (First Name) Liran	2. Surname (Last Name) Tiosano	3. Date 28-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sadda Srinivas
5. Manuscript Title Choriocapillaris in Non-neovascular Age-related Macular Degeneration as Evaluated by Optical Coherence Tomography Angiography		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sadda

2. Surname (Last Name) SriniVas

3. Date 28-January-2021

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Choriocapillaris in Non-Neovascular Age-related Macular Degeneration as Evaluated by Optical Coherence Tomography Angiography

6. Manuscript Identifying Number (if you know it)  
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amgen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allergan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4DMT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oxurion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Optos	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Nidek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Topcon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Carl Zeiss Meditec	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Centervue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Heidelberg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Dr. Srinivas reports personal fees from Novartis, personal fees from Roche Genentech, personal fees from Amgen, personal fees from Allergan, personal fees from 4DMT, personal fees from Merck, personal fees from Oxurion, personal fees and non-financial support from Optos, personal fees and non-financial support from Nidek, personal fees and non-financial support from Topcon, personal fees and non-financial support from Carl Zeiss Meditec, personal fees and non-financial support from Centervue, personal fees and non-financial support from Heidelberg, outside the submitted work; .

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