Date:April 27, <u>2021</u>			
our Name: Sarah Weitzman			
Manuscript Title:Rapid Retinal Functional Testing			
Manuscript number (if known): AES-21-22			

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	Detects alonged issued as	None	
8	Patents planned, issued or pending	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests		
Plea	se summarize the above co	nflict of interest in the fo	llowing box:

V. I contifue that I have an averaged every revestion and have not altered the vegeting of any of the great

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

te: 21 April 2021		
ur Name: Vivienne C. Greenstein		
Manuscript Title:Rapid Retinal Functional Testing		
anuscript number (if known): AES-21-22		

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastNone None	36 months
3	noyalites of licenses	NOTE	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descint of annings and	Nana	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
Г	voc.		
	VCG has no conflict of interest	to declare.	

Date: 04/21/2021
our Name: Alauddin Bhuiyan
Manuscript Title:Rapid Retinal Functional Testing
Manuscript number (if known): AES-21-22

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None		
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or pending	None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non- financial interests	None		
Plea	Please summarize the above conflict of interest in the following box:			

Date: 4/21/2021	
Your Name: Albert Hofeldt, MD	
Manuscript Title: Rapid Retinal Functional Testing	_
Manuscript number (if known): AES-21-22	

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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.	x_None	
2	Grants or contracts from	Time frame: past x None	36 months
2	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	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	x_None	
8	Patents planned, issued or	None	US 9560960 (AMBLYOMETER)
	pending		US 9,089,257 (BINARY CHOICE)
			PENDING (PHOTOSTRESS)
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role 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-	xNone	
	financial interests		

e:4/23/2021	
ır Name: Steven Kane MD PhD	
nuscript Title:	
nuscript number (if known):	

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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.	x_None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastxNone	36 months
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel	xNonexNonexNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	x_None	
Plea	ise summarize the above co	nflict of interest in the fol	owing box:

Date: 04/28/2021
/our Name: R Theodore Smith
Manuscript Title:Rapid Retinal Functional Testing
Manuscript number (if known): AES-21-22

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	Research to Prevent Blindness Challenge Grant Time frame: past	Departmental grant from RPB
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	meetings unapor traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
DI-		. (1) ()	

Please summarize the above conflict of interest in the following box:

D	Dr. Smith reports a Challenge Grant from Research to Prevent Blindness, NY.

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