

## ICMJE DISCLOSURE FORM

Date: April 27, 2021  
 Your 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.

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

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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>	___ None	
<b>Time frame: past 36 months</b>			
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 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	

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

**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.

## ICMJE DISCLOSURE FORM

Date: 21 April 2021 \_\_\_\_\_  
 Your Name: Vivienne C. Greenstein \_\_\_\_\_  
 Manuscript Title: Rapid Retinal Functional Testing \_\_\_\_\_  
 Manuscript number (if known): AES-21-22 \_\_\_\_\_

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11	Stock or stock options	<u>      </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>      </u> None	
13	Other financial or non-financial interests	<u>      </u> None	

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

VCG has no conflict of interest to declare.

**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.

## ICMJE DISCLOSURE FORM

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

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## ICMJE DISCLOSURE FORM

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	US 9560960 (AMBLYOMETER)
			US 9,089,257 (BINARY CHOICE)
			PENDING ( PHOTOSTRESS)
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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: 4/23/2021  
 Your Name: Steven Kane MD PhD  
 Manuscript Title: \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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4	Consulting fees	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

Date: 04/28/2021  
 Your Name: R Theodore Smith  
 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.) <b>No time limit for this item.</b>	Research to Prevent Blindness Challenge Grant	Departmental grant from RPB
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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	
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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	

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

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:**

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