ICMJE DISCLOSURE FORM

Date: <u>Sep 13th 2021</u>
Your Name:SooYoung Kim
Manuscript Title:Comparison between sodium iodate and lipid peroxide murine models of age-
related macular degeneration for drug evaluation-a Narrative Review_
Manuscript number (if known):AES-21-25

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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)
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
Support for attending meetings and/or travel	XNone	
Patents planned, issued or pending	X_None	
Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	X_None	
Stock or stock options	XNone	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
Other financial or non- financial interests	Previous employee of ExosomePlus, Inc	
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Please summarize the above conflict of interest in the following box:

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Date: <u>Sep 13th 2021</u>			
Your Name:Haohua Qian			
Manuscript Title:Comparison between sodium iodate and lipid peroxide murine models of age-			
elated macular degeneration for drug evaluation – a Narrative Review			
Manuscript number (if known): <u>AES-21-25</u>			

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	Ti	ne frame: Since the initial pla	nning of the work
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		Time frame: past 36 r	months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
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	XNone
	ease summarize the abo	ve conflict of interest in the following box:

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