ICMJE DISCLOSURE FORM

Date: 17/12/2021

Your Name: Rosario Amato

Manuscript Title: In vivo murine models for the study of Glaucoma Pathophysiology: procedures, analyses, and

typical outcomes.

Manuscript number (if known): AES-21-48

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 <u>current</u> manuscript only.

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

	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	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	XNone	

	writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	100		
7	Support for attending meetings and/or travel	XNone	
	mootings and, or travel		
8	Patents planned, issued or pending	XNone	
	, , , , , ,		
9	Participation on a Data	XNone	
	Safety Monitoring Board		

	XNone	Leadership or fiduciary
		role in other board, society, committee or
		advocacy group, paid or unpaid
	X_None	Stock or stock options
	X None	Receipt of equipment, materials, drugs, medical
		writing, gifts or other services
	XNone	Other financial or non- financial interests
x:	conflict of interest in the	ease summarize the above None.

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

form.