Date: C10/15/2021		
Your Name:	Arkadiusz Hudzikowski	
Manuscript Title:	In vivo imaging of the human eye using a two-photon excited fluorescence scanning laser ophthalmoscope	
Manuscript Number (if known):	154218-JCI-RG-1	

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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.

		hav	me all entities with whom you ve this relationship or indicate ne (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial pla	nning 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	Click the tab key to add additional rows.
			Time frame: past 36 r	nonths
2	Grants or contracts	х	None	
	from any entity (if not			
	indicated in			
	item #1 above).			,

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		hav	ne all entities with whom you e this relationship or indicate e (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	×	None	
4	Consulting fees	×	None	
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	<b>x</b>	None	
6	Payment for expert testimony	x	None	
7	Support for attending meetings and/or travel	x	None	
8	Patents planned, issued or pending	×	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<b>x</b>	None	
1 0	Leadership or fiduciary role in other board, society,	x	None	

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	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)
committee or advocacy group, paid or unpaid		
Stock or stock options	x None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None	
Other financial or non-financial interests	x None	
	advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial	Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial

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

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

Undehon AMercus

Date:	10/16/2021
Your Name:	Bartosz L. Sikorski
Manuscript Title:	In vivo imaging of the human eye using a two-photon excited fluorescence scanning laser ophthalmoscope
Manuscript Number (if known):	154218-JCI-RG-1

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		Time frame: Since the initial 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 □	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None     ■	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
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 None □	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 place an "X" next to the following statement to indicate your agreement:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	10/16/2021	
Your Name:	Dorota Stachowiak	
Manuscript Title:	In vivo imaging of the human eye using a two-photon excited fluorescence scanning laser ophthalmoscope	
Manuscript Number (if known):	154218-JCI-RG-1	

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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.

		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)
		Time frame: Since the initial planning of	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	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

ľ		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	Image: square of the square o	
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	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Image: square of the property o	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Donota Stadwiniak

Date:			10/16/2021	
Your Name:			Grzegorz Soboń	
Manuscript Title:			In vivo imaging of the human eye using a to ophthalmoscope	wo-photon excited fluorescence scanning laser
Mai	nuscript Number (if k	nown):	154218-JCI-RG-1	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt."  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the man e in doubt is/activitionsion, you entioned all suppo	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial 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 wo Polish S (grant r the Eur Develop	one  ork was supported by the Foundation for cience within the First TEAM program to. First TEAM/2017-4/39) co-financed by copean Union under the European Regional coment Fund (contract no. POIR.04.04.00-D/17-00)	
	this item.			Click the tab key to add additional rows.
			Time frame: past 36 month:	
2				<u></u>
	Grants or contracts from any entity (if not indicated in item #1 above).	⊠  No	·	

		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)
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	Board member of Mode-Locked Technology Sp. z o.o.	

		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)
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 place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Gregar Goloo

Date:	10/15/2021
Your Name:	Jakub Bogusławski
Manuscript Title:	In vivo imaging of the human eye using a two-photon excited fluorescence scanning laser ophthalmoscope
Manuscript Number (if known):	154218-JCI-RG-1

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		Time frame: Since the initial 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	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None	

ľ		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	Image: square of the square o	
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	

		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)
11	Stock or stock options	Image: square of the square o	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

J. Bogunaw Ki

ICIVIJE DISCLOSURE FORIVI				
Date	e:		16/10/2	1
Your Name:			Jadwiga Milkiewicz	
Manuscript Title:				maging of the human eye using a two-photon fluorescence scanning laser ophthalmoscope
Mar	nuscript Number (if I	known):	154218	-JCI-RG-1
contaffe indicate The epide	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 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)			
		Time frame: Since the initial	planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	None None		Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for this item.			
		Time frame: past 3	36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		

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3

Royalties or

licenses

None

		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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 place an "X" next to the following statement to indicate your agreement:     I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3 8/26/2021 ICMJE Disclosure Form

Date:	[10/16/2021]
Your Name:	Karol Karnowski
Manuscript Title:	In vivo imaging of the human eye using a two-photon excited fluorescence scanning laser ophthalmoscope
Manuscript Number (if known):	[154218-JCI-RG-1]

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		Time frame: Since the initial 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	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	[⊠] None	

		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)
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	

		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)
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 [⊠]	•	t to the following statement to indicate your agreement to answered every question and have not altered the wo	

Kannoushi Kend

3

Date:	10/16/2021
Your Name:	Marcin J. Marzejon
Manuscript Title:	In vivo imaging of the human eye using a two-photon excited fluorescence scanning laser ophthalmoscope
Manuscript Number (if known):	154218-JCI-RG-1

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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.	None □	Click the tab key to add additional rows.
		Time frame: past 36 month	is .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

Hangler Haren J.

li .		Name all entities with whom you have this relationship or indicate none (add rows as need	Specifications/Comments (e.g., if payments were ed) made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None     Non	
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     Non	

Hangler Harar J.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (amount of the comments) with whom you have this made to you or to your instance.	
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
		tt to the following statement to indicate your agreement:	
$\boxtimes$	I certify that I have	e answered every question and have not altered the wording of any of the questions	on this form.

Hanefor Harry J.

Date:	10/15/2021
Your Name:	Maciej Wojtkowski
Manuscript Title:	In vivo imaging of the human eye using a two-photon excited fluorescence scanning laser ophthalmoscope
Manuscript Number (if known):	154218-JCI-RG-1

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		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)
		Time frame: Since the initial planning of	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.	Fundation for Polish Science – research grant International Research Agendas – International Center for Translational Eye Research MAB/2019/12	Non profit grant from European Infrastructural Funds, project is specifically supervised for the expenditure of public funds according to EU and National rules  Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None     ■	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payment made to you or to your institution)	ts were
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non-financial interests	None None
Plea ⊠		to the following statement to indicate your agreement:  answered every question and have not altered the wording of any of the questions on this form.

Macier Writhork

Date:	10/16/21
Your Name:	Piotr Kasprzycki
Manuscript Title:	In vivo imaging of the human eye using a two-photon excited fluorescence scanning laser ophthalmoscope
Manuscript Number (if known):	wn): 154218-JCI-RG-1
In the interest of transparer content of your manuscript affected by the content of t indicate a bias. If you are in	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 author's relationships/activities/interests should epidemiology of hypertension, you should declare al that medication is not mentioned in the manuscript.	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 frame for disclosure is the past 36 months.	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.
N:	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)
	Time frame: Since the initial planning of the work
All support for the present manuscript (e.g.,	⊠ None
funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Click the tab key to add additional rows.
	Time frame: past 36 months
2 Grants or contracts from any entity (if not indicated in item #1 above).	None
3 Royalties or licenses	None None

	medical gifts or o services		_	non-finar interests
Receipt of equipment, materials, drugs,		medical writing, gifts or other services	medical writing, gifts or other services  Other financial or non-financial	writing, other nancial or nancial
⊠ None			None	
lone			lone	lone

Prod Kuspryderi

Date:	10/16/2021
Your Name:	Sławomir Tomczewski
Manuscript Title:	In vivo imaging of the human eye using a two-photon excited fluorescence scanning laser ophthalmoscope
Manuscript Number (if known):	154218-JCI-RG-1

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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			Time frame: Since the initial 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.	X	None	Click the tab key to add additional rows.
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None	
3	Royalties or licenses	X	None	

		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)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
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	X None	

		Ime all entities with whom you have this ationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payr made to you or to your institution)	nents were
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 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.

flen

Date:	10/15/2021		
Your Name:	Zbigniew Łaszczych		
Manuscript Title:	In vivo imaging of the human eye using a two-photon excited fluorescence scanning laser ophthalmoscope		
Manuscript Number (if known):	154218-JCI-RG-1		

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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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None     ■	
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Date:	10/16/2021
Your Name:	Aleksander Gluszek
Manuscript Title:	In vivo imaging of the human eye using a two-photon excited fluorescence scanning laser ophthalmoscope
Manuscript Number (if known):	154218-JCI-RG-1

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		Time frame: past 36 month	ns		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None     ■			
3	Royalties or licenses	None			

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Dat	e:		10/15/2021			
Your Name:			Grazyna Palczewska			
Maı	nuscript Title:		In vivo imaging of the human eye using laser ophthalmoscope	In vivo imaging of the human eye using a two-photon excited fluorescence scanning laser ophthalmoscope		
Mai	nuscript Number (if k	known):	Click or tap here to enter text.			
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	manuscript (e.g., funding, provision	Nationa	al Institutes of Health (NIH), EYEY025451	Funds were paid to Polgenix Inc		
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charges, etc.)  No time limit for this item.						
			Time frame: past 36 months	3		
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
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Date:			10/15/2021		
Your Name:			Katarzyna Komar		
Manuscript Title:			In vivo imaging of the human eye using a two-photon excited fluorescence scanning laser ophthalmoscope		
Mar	nuscript Number (if I	known):	154218-JCI-RG-1		
content of your manuscript. "Rela affected by the content of the ma		ript. "Rela of the ma e in doub	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
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			Time frame: Since the initial planning of	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	Nation	al Science Centre, grant 23/B/ST2/00752	Click the tab key to add additional rows.	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	Co-author of U.S. Patent No. 10856734 "Systems and methods of infrared psychophysical measurement"
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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
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Dat	e:	10/15/2021				
Your Name:		Krzysztof Palczewski	Krzysztof Palczewski			
Maı	nuscript Title:	In vivo imaging of the human eye usin laser ophthalmoscope	g a two-photon excited fluorescence scanning			
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1	All support for the	□ None	of the work			
	present manuscript (e.g., funding, provision	□ None  National Institutes of Health (NIH), EY009339, EY027283, EYEY025451	Funds were Paid to University of California Irvine			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	National Institutes of Health (NIH), EY009339,				
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	National Institutes of Health (NIH), EY009339, EY027283, EYEY025451	Funds were Paid to University of California Irvine  Funds were paid to the Department of Ophthalmology, University of California Irvine Funds were Paid to University of California Irvine			

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