

ICMJE DISCLOSURE FORM

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

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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	committee or advocacy group, paid or unpaid		
1	Stock or stock options	x None	
1			
1	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None	
2			
1	Other financial or non-financial interests	x None	
3			

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.

Michael Anderson

ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE 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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Danuta Stadwinski

ICMJE DISCLOSURE FORM

Date: 10/16/2021

Your Name: Grzegorz Soboń

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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Gregory Sobor

ICMJE DISCLOSURE FORM

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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J. Bogutowski

ICMJE DISCLOSURE FORM

Date: 16/10/21

Your Name: Jadwiga Milkiewicz

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="367 258 1502 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="367 478 1502 579"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="367 699 1502 800"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.

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

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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Kenneth Kerol

ICMJE DISCLOSURE FORM

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

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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Marcin J. Marzejon

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

Monique Harris J.

ICMJE DISCLOSURE FORM

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

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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Macey Wjtkowski

ICMJE DISCLOSURE FORM

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): 154218-JCI-RG-1

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Pick Kasprzycki

ICMJE DISCLOSURE FORM

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

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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

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

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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Aleksander Curren

ICMJE DISCLOSURE FORM

Date: 10/15/2021

Your Name: Grazyna Palczewska

Manuscript Title: In vivo imaging of the human eye using a two-photon excited fluorescence scanning laser ophthalmoscope

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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ICMJE DISCLOSURE FORM

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

Manuscript Number (if known): 154218-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 10/15/2021

Your Name: Krzysztof Palczewski

Manuscript Title: In vivo imaging of the human eye using a two-photon excited fluorescence scanning laser ophthalmoscope

Manuscript Number (if known): [Click or tap here to enter text.](#)

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 690 1516 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.