Date:	24-AUG	
2021		
Your Na	me: Ivan	
Lylyk		
	Manuscript Title:	Ophthalmic Artery Angioplasty For Age
	Rela	ted Macular Degeneration
Manuscr	ript number (if	
known):	•	

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

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.

	Time	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)  al planning of the work
	I IIIIe I	name. Since the mitta	in plaining of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	X_ None	

	etc.)		
	No time limit for		
	this item.	Time from a man	1.26 manth a
2	Grants or contracts	Time frame: pas X None	t 36 months
2	from any entity (if not	_^_ None	
	indicated in item #1		
	above).		
3	Royalties or licenses	X None	
4	Canadalkin a fana	V Name	
4	Consulting fees	X None	
5	Payment or honoraria	X None	
	for lectures,		
	presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Commont for althought on	V None	
7	Support for attending meetings and/or travel	_X None	
	meetings and/or traver		
8	Patents planned,	X None	
	issued or pending		
0	Double leading and Date	V. Name	
9	Participation on a Data Safety Monitoring	X None	
	Board or Advisory		
	Board		
1	Leadership or fiduciary	X None	
0	role in other board,		
	society, committee or advocacy group, paid		
	or unpaid		
1	Stock or stock options	_X None	
1			
12	December of accommon to	V Non-	
12	Receipt of equipment, materials, drugs,	X None	
	medical writing, gifts		
	or other services		
1	Other financial or non-	_X None	

3	financial interests	

Date:	_12/01/2021
Your Name:	Carlos Bleise
Manuscript Title:	Ophthalmic Artery Angioplasty For Age Related Macular Degeneration
Manuscript Number (if known):	neurintsurg-2020-018222.R1

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	for this item.			
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2	Grants or contracts from any entity (if not indicated in item #1 above).		None	

		have	e 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		None	
6	Payment for expert testimony	X	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	
1 0	Leadership or fiduciary role in other board, society,	×	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)
	committee or advocacy group, paid or unpaid		
1	Stock or stock options	None     ■	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     ■	
3	Other financial or non-financial interests	None	

Date:	12/01/2021
Your Name:	Pedro Nicolas Lylyk
Manuscript Title:	Ophthalmic Artery Angioplasty For Age Related Macular Degeneration
Manuscript Number (if known):	neurintsurg-2020-018222.R1

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		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None     Non	

		have	e 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		None	
6	Payment for expert testimony	X	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	
1 0	Leadership or fiduciary role in other board, society,	×	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)
	committee or advocacy group, paid or unpaid		
1	Stock or stock options	None     ■	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     ■	
3	Other financial or non-financial interests	None	

Date:	12/01/2021
Your Name:	Nicolas Perez
Manuscript Title:	Ophthalmic Artery Angioplasty For Age Related Macular Degeneration
Manuscript Number (if known):	neurintsurg-2020-018222.R1

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		have	e 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		None	
6	Payment for expert testimony	X	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	
1 0	Leadership or fiduciary role in other board, society,	×	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)
	committee or advocacy group, paid or unpaid		
1	Stock or stock options	None     ■	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     ■	
3	Other financial or non-financial interests	None	

Date:	12/01/2021
Your Name:	_Javier Lundquist
Manuscript Title:	Ophthalmic Artery Angioplasty For Age Related Macular Degeneration
Manuscript Number (if known):	neurintsurg-2020-018222.R1

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	for this item.			
			Time frame: past 36 mo	enths
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	

		have	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	×	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	
1 0	Leadership or fiduciary role in other board, society,		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)
	committee or advocacy group, paid or unpaid		
1	Stock or stock options	None     ■	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     ■	
3	Other financial or non-financial interests	None	

Date:	12/01/2021
Your Name:	Esteban Scrivano
Manuscript Title:	Ophthalmic Artery Angioplasty For Age Related Macular Degeneration
Manuscript Number (if known):	neurintsurg-2020-018222.R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	×	None	

		have	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	×	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	
1 0	Leadership or fiduciary role in other board, society,		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)
	committee or advocacy group, paid or unpaid		
1	Stock or stock options	None     ■	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     ■	
3	Other financial or non-financial interests	None	

**Date:** 12/1/2021

Your Name: Anibal Andres Francone
Manuscript Title: Ophthalmic Artery Angio

Ophthalmic Artery Angioplasty For Age Related Macular Degeneration

Manuscript Number (if neurintsurg-2020-018222.R1

known):

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article		None	Click the tab key to add additional rows.
	processing charges, etc.) No time limit for this item.		Time for more 26 mg	
2	Grants or contracts from any	$\boxtimes$	Time frame: past 36 mo	ontns
	entity (if not indicated in			
	item #1			
	above).			
3	Royalties or licenses	$\boxtimes$	None	

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honoraria for 🛛 🖂 None	
presentations	
, speakers	
bureaus, manuscript	
writing or educational events	
6 Payment for expert	
7 Support for attending	
and/or traver	
8 Patents planned, issued or pending   None  None	
pending	
9 Participation on a Data Safety Monitoring   None	
Board or	
Advisory	
Board  Leadership or	
0 fiduciary role   None in other	
board,	
society, committee or	
advocacy	
group, paid or unpaid	
1 Stock or	
1 stock options None	
1 Receipt of	

2	equipment, materials,	X	None	
	drugs,			
	medical writing, gifts			
	or other			
	services			
1 3	Other financial or non-financial	×	None	
	interests			
	interests			

Date:	12/01/2021
Your Name:	Martin Charles
Manuscript Title:	Ophthalmic Artery Angioplasty For Age Related Macular Degeneration
Manuscript Number (if known):	neurintsurg-2020-018222.R1

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			Time frame: past 36 mg	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None     ■     None     Non	
4	Consulting fees	OcuDyne, Inc.	Payments made for device development consulting
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	
<b>1 0</b>	Leadership or fiduciary role in other board,	None     8/26/2021	ICMJE Disclosure Form

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

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

Date:	_12/01/2021
Your Name:	Tamara Zompa
Manuscript Title:	Ophthalmic Artery Angioplasty For Age Related Macular Degeneration
Manuscript Number (if known):	neurintsurg-2020-018222.R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None		

		have	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	×	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	
1 0	Leadership or fiduciary role in other board, society,		None	

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

Date:	_12/01/2021
Your Name:	Pedro Lylyk
Manuscript Title:	Ophthalmic Artery Angioplasty For Age Related Macular Degeneration
Manuscript Number (if known):	neurintsurg-2020-018222.R1

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

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4	Consulting fees	OcuDyne, Inc.	Payments made for device development consulting
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	None     Non	
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	
<b>1 0</b>	Leadership or fiduciary role in other board,	None 8/26/2021	ICMJE Disclosure Form

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

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