Date:_____24-AUG 2021_____ Your Name:__Ivan Lylyk_____

Manuscript Title: Ophthalmic Artery Angioplasty For Age Related Macular Degeneration

Manuscript number (if known):

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> <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) 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 writing, article processing charges,	X_ None	

Г

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

3	financial interests	

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.

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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		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)
			Time frame: Since the initial planr	ning 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 mc	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	

1

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3		none (add rows as neede	indicate payments were made to you or to your institution)
	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	

		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)
	committee or advocacy group, paid or unpaid			
1 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	
Ple	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			

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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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	materials, medical writing, article processing charges, etc.) No time limit for this item.		Time frame: past 36 mc	nths
	_			onths
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	

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3		none (add rows as neede	indicate payments were made to you or to your institution)
	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 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	
Ple	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			

8/26/2021

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

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3		none (add rows as neede	indicate payments were made to you or to your institution)
	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	

		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)
	committee or advocacy group, paid or unpaid			
1 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	
Ple	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			

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Supplemental material

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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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		hav	ne all entities with whom you re this relationship or indicate re (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planr	ning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		None	Click the tab key to add additional rows.
	No time limit for this item.			
			Time frame: past 36 mc	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	

1

3		none (add rows as neede	indicate payments were made to you or to your institution)
	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	

		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)
	committee or advocacy group, paid or unpaid			
1 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	
Ple	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			

8/26/2021

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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			Time frame: Since the initial plann	ning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials		None	Click the tab key to add additional rows.
	materials, medical writing, article processing charges, etc.) No time limit for this item.		Time frame: past 36 mc	nths
	_			onths
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	

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3		none (add rows as neede	indicate payments were made to you or to your institution)
	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	

		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)
	committee or advocacy group, paid or unpaid			
1 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	
Ple	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			

8/26/2021

Date:	12/1/2021
Your Name:	Anibal Andres Francone
Manuscript Title:	Ophthalmic Artery Angioplasty For Age Related Macular Degeneration
Manuscript Number (if	neurintsurg-2020-018222.R1
known):	-

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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)
1	All support for		Time frame: Since the initial plann	ning of the work
	the present manuscript	\boxtimes	None	
	(e.g., funding, provision of			
	study materials,			Click the tab key to add additional rows.
	medical			
	writing, article processing			
	charges, etc.) No time limit			
	for this item.		T he form of 20 million	
2	Grants or		Time frame: past 36 mc	onths
2	contracts from any	\boxtimes	None	
	entity (if not indicated in			
	item #1			
3	above). Royalties or			
	licenses	\boxtimes	None	

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

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2	equipment, materials, drugs, medical writing, gifts		None	
	or other services			
1 3	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				

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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 mc	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).		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)
3	Royalties or licenses	⊠ None	
4	Consulting fees	None OcuDyne, Inc.	Payments made for device development consulting
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,	⊠ 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)
	society, committee or advocacy group, paid or unpaid		
1 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	
 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. 			

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8/26/2021

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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			Time frame: Since the initial plann	ing of the work
1	All support for the present manuscript		None	
	(e.g., funding,			
	provision of study			Click the tab key to add additional rows.
	materials, medical writing, article processing charges, etc.) No time limit for this item.		Time frame: past 36 mo	onths
		_		
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	

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Supplemental material

		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	
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	

		have	e all entities with whom you this relationship or indicate (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 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	
	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			

3

8/26/2021

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 mo	onths		
2	Grants or contracts from any entity (if not indicated in item #1 above).		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)
3	Royalties or licenses	☑ None	
4	Consulting fees	None OcuDyne, Inc.	Payments made for device development consulting
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,	☑ 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)			
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1 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				
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