ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Ifat

2. Surname (Last Name)  
   Sher

3. Date  
   20-July-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Ygal Rotenstreich

5. Manuscript Title  
   In vivo retinal imaging in translational regenerative research

6. Manuscript Identifying Number (if you know it)  
   ATM-2020-OR-02(ATM-20-4355)

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Are there any relevant conflicts of interest?  
[ ] Yes  
[ ] No

## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
[ ] Yes  
[ ] No

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[ ] No
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Dr. Sher has nothing to disclose.

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Section 1. Identifying Information
1. Given Name (First Name)  Daniel
2. Surname (Last Name)  Moverman
3. Date  21-July-2020
4. Are you the corresponding author?  No
5. Manuscript Title  In vivo retinal imaging in translational regenerative research
6. Manuscript Identifying Number (if you know it)  ATM-2020-OR-02(ATM-20-4355)

Section 2. The Work Under Consideration for Publication
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Section 1. Identifying Information

1. Given Name (First Name) Hadas
2. Surname (Last Name) Ketter Katz
3. Date
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name Dr. Ygal Rotenstreich
5. Manuscript Title
   In vivo retinal imaging in translational regenerative research
6. Manuscript Identifying Number (if you know it)
   ATM-2020-OR-02(ATM-20-4355)

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - EL

2. **Surname (Last Name)**
   - MASSEZEV

3. **Date**
   - 2017

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No
   - **Corresponding Author's Name**
   - Ygal Rotenstein

5. **Manuscript Title**
   - In vivo retinal imaging in translational regenerative research

6. **Manuscript Identifying Number (if you know it)**
   - ATM-2020-OR-02/ATM-20-4355

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ygal

2. Surname (Last Name)  
   Rotenstreich

3. Date  
   20-July-2020

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

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Dr. Rotenstreich has nothing to disclose.

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