ICMJE DISCLOSURE FORM

Date: April 21st, 2021

Your Name: Huiling Hu

Manuscript Title: Retrograde fluorogold labeling of retinal ganglion cells in neonatal mice

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 current manuscript only.

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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) |
|---|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>**No time limit for this item.** | _ X ___None                                                                         |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | _ X ___None                                                                         |
| 3 | Royalties or licenses                                                                        | ___ X ___None                                                                       |
| 4 | Consulting fees                                                                             | _ X ___None                                                                         |
| 5 | Payment or honoraria for                                                                      | _ X ___None                                                                         |

**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**
| Number | Description                                                                 | Answer |
|--------|------------------------------------------------------------------------------|--------|
| 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 |
| 11     | Stock or stock options                                                       | X None |
| 12     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13     | Other financial or non-financial interests                                   | X None |

Please summarize the above conflict of interest in the following box:

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.
ICMJE DISCLOSURE FORM

Date: April 21, 2021

Your Name: Ying Liu

Manuscript Title: Retrograde fluorogold labeling of retinal ganglion cells in neonatal mice

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| 3 | Royalties or licenses                                                                             | X None                                                                           |
| 4 | Consulting fees                                                                                  | X None                                                                           |
| 5 | Payment or honoraria for                                                                          | X None                                                                           |
|   | **Time frame: past 36 months**                                                                   |                                                                                   |
|   |   |   |
|---|---|---|
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Date: April 21st, 2021

Your Name: Kang Li

Manuscript Title: Retrograde fluorogold labeling of retinal ganglion cells in neonatal mice

Manuscript number (if known): 

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|   | _ X ___None                                                                        |
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|   | _ X ___None                                                                        |

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Date: April 21st, 2021
Your Name: Min Fang
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Time frame: Since the initial planning of the work

Time frame: past 36 months
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| 6 | Payment for expert testimony                                                   |    |
|   | _ X _ None                                                                      |   |
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|   | _ X _ None                                                                      |   |
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|   | _ X _ None                                                                      |   |
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|   | _ X _ None                                                                      |   |
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Date: April 21st, 2021

Your Name: Yunyun Zou

Manuscript Title: Retrograde fluorogold labeling of retinal ganglion cells in neonatal mice

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| Item                                                                                                                                  | Response |
|-------------------------------------------------------------------------------------------------------------------------------------|----------|
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Date: April 21st, 2021

Your Name: Jiantao Wang

Manuscript Title: Retrograde fluorogold labeling of retinal ganglion cells in neonatal mice

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| 3 | Royalties or licenses _ X ___None                                                                    |
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| Question                                                                 | Answer |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | _ X None                                                                            |
| 3 | Royalties or licenses                                                                        | _ X None                                                                            |
| 4 | Consulting fees                                                                              | _ X None                                                                            |
| 5 | Payment or honoraria for                                                                       | _ X None                                                                            |
| **Conflict of Interest**                                                                 | **Response** |
|----------------------------------------------------------------------------------------|--------------|
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