## Data Sharing Statement

| Item | Question | Authors’ Response (place “-” if not applicable) |
|------|----------|-------------------------------------------------|
| 1    | Would you like to share data collected for your study to others? | Yes |
| 2    | If not, would you like to share the reason for your decision? | |
| 3    | What data in particular will be shared? | Confocal microscopy images of the retinal vascular layers |
| 4    | Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | No, no other data |
| 5    | When will data availability begin? | Available after our manuscript is published |
| 6    | When will data availability end? | After 7 years |
| 7    | To whom will you share the data? | With other researchers upon request |
| 8    | For what type of analysis or purpose? | For addition into data for a larger study or comparison of techniques |
| 9    | How or where can the data/documents be obtained? | Lead author has personal copy of the data and can be reached by email |
| 10   | Any other restrictions? | Co-authorship or acknowledgment in resulting manuscript if our data are included in the study. |