. 00	ı r name : Daniel Lazar		
	nuscript title: Mapping the u	use of OCT-A in diagnosis of	neovascular age-related macular degeneration in
Ma	nuscript number (if known):	
are r third comi	elated to the content of yo parties whose interests m	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
			defined broadly. For example, if your manuscript
-			d declare all relationships with manufacturers of ot mentioned in the manuscript.
antih In ite	ypertensive medication, ev	ven if that medication is n port for the work reported	ot mentioned in the manuscript. d in this manuscript without time limit. For all
antih In ite	em #1 below, report all sup	ven if that medication is not port for the work reported disclosure is the past 36 relationship or indicate none (add rows as	ot mentioned in the manuscript. d in this manuscript without time limit. For all
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In ite	e frame: Since the initial plane All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	ven if that medication is not port for the work reported disclosure is the past 36 relationship or indicate none (add rows as needed)	ot mentioned in the manuscript. d in this manuscript without time limit. For all months. Specifications/Comments (e.g., if payments were made to you or to your
In ite othe	e frame: Since the initial plane. All support for the present manuscript (e.g., funding, provision of study	ven if that medication is not port for the work reported disclosure is the past 36 relationship or indicate none (add rows as needed)	ot mentioned in the manuscript. d in this manuscript without time limit. For all months. Specifications/Comments (e.g., if payments were made to you or to your
In ite othe	e frame: Since the initial plant All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	ven if that medication is not port for the work reported disclosure is the past 36 relationship or indicate none (add rows as needed)	ot mentioned in the manuscript. d in this manuscript without time limit. For all months. Specifications/Comments (e.g., if payments were made to you or to your

	Time frame: past 36 months		
ĺ	2	Grants or contracts from	X None
		any entity (if not indicated	
		in item #1 above).	
	3	Royalties or licenses	X None
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4	Consulting fees	X None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None
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

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

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 13. december 2022		
You	r name: Andreas Abou T	aha	
Manuscript title: Mapping the use of OCT-A in diagnosis of neovascular age-related macular degeneration in			
Mar	nuscript number (if known):	
are rethird communist a	elated to the content of yo parties whose interests m nitment to transparency a relationship/activity/inter following questions apply t	our manuscript. "Related" ay be affected by the content of the con	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Os/activities/interests as they relate to the current
manu	<u>uscript only</u> .		
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup ritems, the time frame for		d in this manuscript without time limit. For all 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)
Time	e frame: Since the initial plar	nning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
		1	Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses		

4	Consulting fees		
5	Payment or honoraria for lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel	Z Nono	
8	Patents planned, issued or	None Non	
	pending	Z None	
	The state of the s		
9	Participation on a Data	None Non	
	Safety Monitoring Board	Z NONO	
	or Advisory Board		
10	Leadership or fiduciary	None Non	
	role in other board,	Z NONO	
	society, committee or		
	advocacy group, paid or unpaid		
	unpaiu		
11	Stock or stock options		
12	Receipt of equipment,		
	materials, drugs, medical writing, gifts or other services		
	301 VICC3		
13	Other financial or non-	None Non	
	financial interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 13. december 2022		
You	r name : Clara Grunnet R	Rudbeck	
	nuscript title: Mapping the u	ise of OCT-A in diagnosis of	neovascular age-related macular degeneration in
Mar	nuscript number (if known):	
are re third comn list a The fe	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interes	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should ven if that medication is n port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all 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)
Time	e frame: Since the initial plar	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	
	No time limit for this item.		
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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
	•		
3	Royalties or licenses	None	

4	Consulting fees	⊠ None	
5		⊠ None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	M None	
0	testimony	None	
	, and the second		
7	Support for attending	⊠ None	
,	meetings and/or travel	ZI None	
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board or Advisory Board		
	Of Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
	otosic or otosic options	EZ 140110	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other services		
	JOI VICO3		
13	Other financial or non- financial interests	⊠ None	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 18. december 2022		
You	r name: Torben Lykke	Sørensen	
Manuscript title: Mapping the use of OCT-A in diagnosis of neovascular age-related macular degeneration			
Mar	Manuscript number (if known):		
are re third comr list a The f	elated to the content of yo parties whose interests ma mitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Disclosivities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all 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)
Time	e frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding,	None Non	
	provision of study materials, medical writing, article processing charges, etc.)		
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	⊠ None	
۷	any entity (if not indicated	LI NOTIC	
	in item #1 above).		
3	Royalties or licenses	None Non	

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 None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None None

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