

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)

Aneesha

2. Surname (Last Name)

Kalur

3. Date

27-January-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Rishi P. Singh

5. Manuscript Title

Novel Mitochondrial Therapies for the Treatment of Age-Related Macular Degeneration

6. Manuscript Identifying Number (if you know it)

AES-20-141

Section 2.

The Work Under Consideration for Publication

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Ms. Kalur has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Justin	2. Surname (Last Name) Muste	3. Date 27-January-2021
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Rishi P. Singh
5. Manuscript Title Novel Mitochondrial Therapies for the Treatment of Age-Related Macular Degeneration		
6. Manuscript Identifying Number (if you know it) AES-20-141		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Muste has nothing to disclose.

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Identifying Information

1. Given Name (First Name)

Carolina

2. Surname (Last Name)

Valentim

3. Date

27-January-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Rishi P. Singh

5. Manuscript Title

Novel Mitochondrial Therapies for the Treatment of Age-Related Macular Degeneration

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1. Given Name (First Name) Amogh	2. Surname (Last Name) Iyer	3. Date 27-January-2021
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Rishi

2. Surname (Last Name)

Singh

3. Date

27-January-2021

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☒ Yes ☐ No

5. Manuscript Title

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