

Disclosure Purpose: AJNR Disclosures

Disclosure Information:

1.

Are you the corresponding author?

No.
2.

What is the Manuscript Title?

Regarding "Altered Blood Flow in the Ophthalmic and Internal Carotid Arteries in Patients with Age-Related Macular Degeneration Measured Using Noncontrast MR Angiography at 7T"
3.

What is the Manuscript Identifying Number (if you know it)?
4.

Please select which of the following apply to each relationship or activity:

You are not disclosing any interests to this organization.
5.

I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes
6.

Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a.

Employment (If you need to add an interest, return to the previous step and select "Employment")

No, I have no relevant interests of this type

b.

Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")

No, I have no relevant interests of this type

c.

Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")

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8.

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a. Independent Contractor - Consultant Alimera Sciences, Inc.

Neither

b. Independent Contractor - Consultant Allergan

Neither

c. Independent Contractor - Consultant Amgen

Neither

d. Independent Contractor - Consultant Bayer Schering

Neither

e. Independent Contractor - Consultant Carl Zeiss Meditec AG

Neither

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Neither

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Neither

h. Independent Contractor - Consultant LEH Pharma

Neither

i. Independent Contractor - Consultant Lumithera

Neither

j. Independent Contractor - Consultant Novartis

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k. Independent Contractor - Consultant Sandoz

Neither

l. Independent Contractor - Consultant SIFI

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