ICMJE DISCLOSURE FORM

Date: 10/11/2021

Your Name: Laryssa A. Huryn

Manuscript Title: Photoreceptor Degeneration in ABCA4-associated Retinopathy and its Genetic Correlates

Manuscript Number (if known): 155373-INS-CMED-1

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.

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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.

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Time frame: Since the initial planning of the work			
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