

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

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Intellectual Property.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Identifying Information	ation				
1. Given Name (First Name) Wenjing	2. Surnar Ma	me (Last Nar	ne)		3. Date 16-April-2020
4. Are you the corresponding author?	Yes	✓ No	Correspond Heyu Ni	ding Autho	or's Name
5. Manuscript Title Aging, chronic inflammation, and platel	et hypera	ctivity			
6. Manuscript Identifying Number (if you known AOB-20-32(E2020040294-31311815-ZYV					
Section 2. The Work Under Co	nsidera	tion for P	ublication		
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest of the submitted work (including statistical analysis, etc.)?	but not lim	nited to gran	nts, data monitoring	board, st	udy design, manuscript preparation,
Excess rows can be removed by pressing					
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Heart and Stroke Foundation of Canada	√				Heart and Stroke Foundation of Canada (Ontario)
Canadian Institutes of Health Research (CIHR)	✓				Canadian Institutes of Health Research (CIHR: MOP 119540, MOP 97918, MOP 68986 and MOP 119551), Canadian Institutes of Health Research Foundation grant (389035)
Canadian Blood Services Centre for Innovation	✓				Canadian Institutes of Health Research -Canadian Blood Services Partnership
CCOA Therapeutics Inc.				✓	Research fund supported from CCOA
Section 3. Relevant financial a	stivitio	· outsido (tha culturistad	work	
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Place a check in the appropriate boxes ir of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interest.	oed in the ort relatio	instruction onships tha	ns. Use one line fo	or each ei	ntity; add as many lines as you need by



If yes, please fill out the appropriate information below.

Name of Entity	Grant? Personal	Non-Financial	Other? Comments			
Name of Littly	Fees?	Support?	Other			
CCOA Therapeutics Inc.	✓		Research fund sup	ported from CCOA		
Section 4. Intellectual Propert	ty Patents & Co	pyrights				
Do you have any patents, whether plann	ned, pending or issue	ed, broadly releva	nt to the work? Yes	√ No		
Section 5. Relationships not o	overed above					
Are there other relationships or activities potentially influencing, what you wrote it			influenced, or that give the	e appearance of		
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Section 6. Disclosure Stateme	ent					
Based on the above disclosures, this form below.	n will automatically o	generate a disclos	sure statement, which will	appear in the box		
Dr. Ma reports grants from Heart and Str (CIHR), grants from Canadian Blood Serv of the study; grants and personal fees from	vices Centre for Inno	vation, other from	n CCOA Therapeutics Inc.,			



Evaluation and Feedback

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Karakas 1



Section 1.	Identifying Inform	ation							
	identifying imorni	ation							
 Given Name (First Danielle 	st Name)	2. Surnan Karakas	ne (Last Nan	ne)		3. Date 16-April-2020			
4. Are you the corre	esponding author?	Yes	✓ No	Correspon Heyu Ni	Corresponding Author's Name Heyu Ni				
5. Manuscript Title Aging, chronic in	flammation, and platel	et hyperac	ctivity						
•	tifying Number (if you kn 1040294-31311815-ZY\								
Section 2.	The Work Under Co	nsiderat	ion for P	ublication					
any aspect of the su statistical analysis, e Are there any rele If yes, please fill o	nbmitted work (including etc.)? vant conflicts of intere	but not limst? \square\ \text{Y} \text{Y} \text{Y} \q \text{Y}	ited to gran (es	ts, data monitorin	g board, st	ent, commercial, private foundation, etc.) for udy design, manuscript preparation, ty press the "ADD" button to add a row.			
Name of Instituti	on/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments			
leart and Stroke Four	ndation of Canada	✓							
Canadian Institutes of	Health Research	✓							
Canadian Institutes of Coundation grant	Health Research	✓							
IHR- Canadian Blood	Services Partnership	✓							
University of Toronto					✓	Fellowship			
Section 3.	Relevant financial	activities	outside	the submitted	work				
Place a check in the of compensation) clicking the "Add	ne appropriate boxes in with entities as descri	n the table bed in the oort relatio	to indicate instruction nships tha	e whether you hans. Use one line for t were present c	ave financ or each er	cial relationships (regardless of amount ntity; add as many lines as you need by a 36 months prior to publication .			

Karakas 2



Section 4. Intellectual Property Patents & Copyrights
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Dr. Karakas reports grants from Heart and Stroke Foundation of Canada, grants from Canadian Institutes of Health Research, grants from Canadian Institutes of Health Research Foundation grant, grants from CIHR- Canadian Blood Services Partnership, other from University of Toronto, during the conduct of the study; .

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Chen 1



Continue 1					
Section 1. Identifying Inform	nation				
Given Name (First Name) Zi Yan	2. Surname (Last Name) Chen		3. Date 16-April-2020		
4. Are you the corresponding author?	Yes No Corresponding Author's Name Heyu Ni				
5. Manuscript Title Aging, chronic inflammation, and plate	let hyperactivity				
6. Manuscript Identifying Number (if you kr AOB-20-32(E2020040294-31311815-ZY					
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Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intered If yes, please fill out the appropriate info Excess rows can be removed by pressing	y but not limited to grants, da est? ✓ Yes ☐ No ormation below. If you have	ita monitoring board, study	y design, manuscript preparation,		
Name of Institution/Company	Grant	n-Financial other?	Comments		
Heart and Stroke Foundation of Canada	V				
Canadian Institutes of Health Research	✓				
Canadian Institutes of Health Research Foundation grant	/				
CIHR- Canadian Blood Services Partnership	/				
University of Toronto		☐ Fe	llowship		
Section 3. Relevant financial	activities outside the	submitted work.			
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Ni 2



If yes, please fill out the appropriate information below.

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Name of Entity	Gr	ant•		n-Financial Support	Other?	Comn	nents	
CCOA Therapeutics Inc.		✓	✓			Research	n fund supported from CCOA	
				_				_
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Patent?	Pending?	Issued?	Licensed?	Royalties?	License	e ?	Comments	
Anti-platelet integrin GPIIbIIIa monoclonal antibodies		✓			CCOA Therapeuti	ics Inc.	These antibodies have significant effect on platelet reactivities.	
Anti-platelet GPIbalpha monoclonal antibodies		✓			CCOA Therapeuti	ics Inc.	These antibodies have significant effect on platelet reactivities.	
Section 5. Polationshi	ns not sov	arad aba	NV2					
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