Grants or contracts from

in item #1 above).

any entity (if not indicated

	ICIVISE DISCEOSORE	OKIVI		
Dat	e:	11-28		
You	r Name:Zihao_Niu			
Maı	nuscript Title:_ <u>Promotion o</u>	f allogeneic parathyroid co	ell transplantation in rats with hypoparathyroidism _	
	nuscript number (if known):			
n tl	ne interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are	
	•	•	ns any relation with for-profit or not-for-profit third	
part	ties whose interests may be	affected by the content o	f the manuscript. Disclosure represents a commitment	
to t	ransparency and does not no	ecessarily indicate a bias.	If you are in doubt about whether to list a	
rela	tionship/activity/interest, it	is preferable that you do	so.	
	following questions apply to	o the author's relationship	os/activities/interests as they relate to the current	
Γhe	author's relationships/activ	vities/interests should be	defined broadly. For example, if your manuscript pertai	ns
o t	he epidemiology of hyperte	nsion, you should declare	all relationships with manufacturers of antihypertensiv	е
med	dication, even if that medica	tion is not mentioned in t	he manuscript.	
n it	em #1 below, report all sup	port for the work reported	d in this manuscript without time limit. For all other	
ten	ns,			
the	time frame for disclosure is	the past 36 months.		
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as	moderation,	
		needed)		
		Time frame: Since the initia	al planning of the work	
1	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			

Time frame: past 36 months

2	Povalties or licenses	None		
3	Royalties or licenses	None		
4	Consulting for	Nan-		
4	Consulting fees	None		
5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending meetings and/or travel	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	lone.			

Please place an "X" next to the following statement to indicate your agreement: _ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

ICM IF DISCLOSURE FORM

ICIVIJE DISCLOSURE FORIVI		
Date:	2021-11-28	
Your Name:	_Shuixian Huang	
Manuscript Title:	Promotion of allogeneic parathyroid cell transplantation in rats with hypoparathyroidism _	
Manuscript numb	per (if known):	
related to the cor parties whose int to transparency a	transparency, we ask you to disclose all relationships/activities/interests listed below that are named tent of your manuscript. "Related" means any relation with for-profit or not-for-profit third erests may be affected by the content of the manuscript. Disclosure represents a commitment and does not necessarily indicate a bias. If you are in doubt about whether to list a vity/interest, it is preferable that you do so.	
The following que manuscript only.	estions apply to the author's relationships/activities/interests as they relate to the <u>current</u>	
to the epidemiol	tionships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains be only of hypertension, you should declare all relationships with manufacturers of antihypertensive if that medication is not mentioned in the manuscript.	

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.

		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 frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		

3	Royalties or licenses	None		
4	Consulting fees	None		
5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
6	educational events	None		
6	Payment for expert testimony	None		
	testimony			
7	Support for attending	None		
,	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
46				
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	None		
13	financial interests			
Please summarize the above conflict of interest in the following box:				

None.

Please place an "X" next to the following statement to indicate your agreement:
_ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	2021-11-28
Your Name:_ <u>Wen Gad</u>	<u>)</u>
Manuscript Title:_ Pro	motion of allogeneic parathyroid cell transplantation in rats with hypoparathyroidism
Manuscript number (if	known):

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

		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 frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Please summarize the above conflict of interest in the following box:

None.			

Please place an "X" next to the following statement to indicate your agreement:

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

Date:	2021-11-28
Your Name:_Gaofei Yin_	
Manuscript Title: Promo	ption of allogeneic parathyroid cell transplantation in rats with hypoparathyroidism
Manuscript number (if kr	nown):ATM-21-4335

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

		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 frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Please summarize the above conflict of interest in the following box:

None.			

Please place an "X" next to the following statement to indicate your agreement:

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

Grants or contracts from

in item #1 above).

any entity (if not indicated

	ICIVITE DISCEOSORE	ORIVI					
Date	e: 2021-	11-28					
You	r Name:_ <u>Wei Guo</u>						
Mar	nuscript Title:_ <u>Promotion o</u>	f allogeneic parathyroid ce	Il transplantation in rats with hypoparathyroidism_				
Mar	nuscript number (if known):						
n th	ne interest of transparency,	we ask you to disclose all r	elationships/activities/interests listed below that are				
	•	•	ns any relation with for-profit or not-for-profit third				
		·	the manuscript. Disclosure represents a commitment				
	•	•	If you are in doubt about whether to list a				
rela	tionship/activity/interest, it	is preferable that you do s	· · · · · · · · · · · · · · · · · · ·				
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>				
n it	The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive nedication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other tems, the time frame for disclosure is the past 36 months.						
		Name all entities with	Specifications/Comments				
		whom you have this	(e.g., if payments were made to you or to your				
		relationship or indicate	institution)				
		none (add rows as					
		needed)					
		Time frame: Since the initial	planning of the work				
1	All support for the present	None					
	manuscript (e.g., funding,						
	provision of study materials,						
	medical writing, article processing charges, etc.)						
	No time limit for this item.						
	NO time mint for tims itelli.						

Time frame: past 36 months

3	Povalties or licenses	None	
3	Royalties or licenses	INUTIE	
	Consulting food	Nana	
4	Consulting fees	None	
_			
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	meetings and/or travei		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
N	lone.		

Please place an "X" next to the following statement to indicate your agreement:					
_ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.					

Grants or contracts from

in item #1 above).

any entity (if not indicated

	e:2021- r Name:_Junwei Huang	11-28		
	<u> </u>	f allogeneic narathyroid ce	ell transplantation in rats with hypoparathyroidism _	
	nuscript number (if known):		an transplantation in rats with hypoparathyroidism	
	,			
In tl	ne interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are	
rela	ted to the content of your n	nanuscript. "Related" mea	ns any relation with for-profit or not-for-profit third	
part	ties whose interests may be	affected by the content of	f the manuscript. Disclosure represents a commitment	
	•	•	If you are in doubt about whether to list a	
rela	tionship/activity/interest, it	is preferable that you do	so.	
The to the med in it	author's relationships/active he epidemiology of hyperter dication, even if that medicate hem #1 below, report all sup	rities/interests should be gonsion, you should declare tion is not mentioned in the port for the work reported	es/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. I in this manuscript without time limit. For all other	;
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as needed)		
		Time frame: Since the initia	I planning of the work	
1	All support for the present	None	i planning of the work	
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
			+	

Time frame: past 36 months

3	Royalties or licenses	None	
	·		
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
7	Cupport for attackling	Nana	
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
		N.	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
,	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
4.5	services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the following box:

None.			

Please place an "X" next to the following statement to indicate your agreement: _ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.					

Grants or contracts from

in item #1 above).

any entity (if not indicated

Dat	e:	11-28	
You	r Name: Yang Zhang		
Ma	nuscript Title:_ <u>Promotion o</u>	f allogeneic parathyroid c	ell transplantation in rats with hypoparathyroidism _
Ma	nuscript number (if known):		
n t	he interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are
rela	ted to the content of your n	nanuscript. "Related" mea	ns any relation with for-profit or not-for-profit third
par	ties whose interests may be	affected by the content o	f the manuscript. Disclosure represents a commitment
to t	ransparency and does not no	ecessarily indicate a bias.	If you are in doubt about whether to list a
rela	tionship/activity/interest, it	is preferable that you do	so.
		o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
<u>mai</u>	nuscript only.		
Γhe	author's relationshins/activ	vities/interests should be	defined broadly. For example, if your manuscript pertains
	•	•	all relationships with manufacturers of antihypertensive
	dication, even if that medica	· •	•
	areación, even n'enac mearca	tion is not mentioned in t	ne manascripe.
n it	em #1 below, report all sup	port for the work reported	d in this manuscript without time limit. For all other
iten			
	time frame for disclosure is	the past 36 months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: nas	t 26 months

3	Royalties or licenses	None				
4	Consulting fees	None				
5	Payment or honoraria for	None				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	None				
	testimony					
7	Support for attending meetings and/or travel	None				
	meetings and/or traver					
8	Patents planned, issued or	None				
	pending					
9	Participation on a Data	None				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	None				
	in other board, society,					
	committee or advocacy group, paid or unpaid					
11	Stock or stock options	None				
12	Receipt of equipment,	None				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-	None				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					
No	ne.	None.				

Please place an "X" next to the following statement to indicate your agreement: _ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Grants or contracts from any

entity (if not indicated in

item #1 above).

Dat	e: <u>2021</u> -	11-28	
You	r Name:_Zhigang Huang		
Ma	nuscript Title: <u>Promotion of</u>	f allogeneic parathyroid ce	ll transplantation in rats with hypoparathyroidism _
Ma	nuscript number (if known):		
n t	he interest of transparency.	we ask you to disclose all r	elationships/activities/interests listed below that are
	•	<u> </u>	ns any relation with for-profit or not-for-profit third
	•	•	the manuscript. Disclosure represents a commitment
	•	•	If you are in doubt about whether to list a
	tionship/activity/interest, it	•	•
Γhe	following questions apply to	o the author's relationships	s/activities/interests as they relate to the <u>current</u>
maı	nuscript only.		
			efined broadly. For example, if your manuscript pertains
		· •	Ill relationships with manufacturers of antihypertensive
me	dication, even if that medica	tion is not mentioned in th	e manuscript.
	•	port for the work reported	in this manuscript without time limit. For all other
ten	ns, time frame for disclosure is	the past 26 months	
ıne	time trame for disclosure is	the past 56 months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		

Time frame: past 36 months

_		1				
3	Royalties or licenses	None				
4	Consulting fees	None				
5	Payment or honoraria for	None				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	None				
	testimony					
7	Support for attending	None				
	meetings and/or travel					
8	Patents planned, issued or	None				
	pending					
L						
9	Participation on a Data	None				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	None				
	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	None				
12	Receipt of equipment,	None				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-	None				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					
l l	lone.					

Please place an "X" next to the following statement to indicate your agreement:				
_ X _ I certify that I have answered every question and have not altered the wording of any of the ques form.				