

# ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> May 2022

Your Name: Lynn M. Pezzanite

Manuscript Title: TLR-activated mesenchymal stromal cell therapy and antibiotics to treat multi-drug resistant Staphylococcal septic arthritis in an equine model

Manuscript number (if known): ATM-22-1746

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 current manuscript only.

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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.

|   |  | 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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>None</u>  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u></u>  | Grayson Jockey Club Research Foundation   |
|   |  |  | ACVS Zoetis Dual Training Grant   |
|   |  |  | NIH/NCATS CTSa 5TL1TR002533-02  |
|   |  |  | NIH 5T32OD010437-19   |
|   |  |  | Verdad Foundation   |
|   |  |  | Charles Shipley Family Foundation   |
|   |  |  | Carolyn Quan and Porter Bennett   |
| 3   | Royalties or licenses  | <u>None</u>  |   |
|   |  |  |   |
|   |  |  |   |
| 4   | Consulting fees  | <u>None</u>  |   |

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

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

The author reported that support for this work was provided by the Grayson Jockey Club Research Foundation, ACVS Zoetis Dual Training Grant, NIH/NCATS CTSA 5TL1TR002533-02, NIH 5T32OD0010437-19, Verdad Foundation, Charles Shipley Family Foundation and Carolyn Quan and Porter Bennett. The StableLab serum amyloid A. testing material was kindly provided by Zoetis. Collaborators Pezzanite, Dow and Goodrich have a patent pending for anti-infective cellular therapy technology. Pezzanite serves as a member of the advisory team for EqCell Inc. and has stock options in EqCell Inc.

**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.**

# ICMJE DISCLOSURE FORM

Date: May 23<sup>rd</sup>, 2022

Your Name: Lyndah Chow

Manuscript Title: TLR-activated mesenchymal stromal cell therapy and antibiotics to treat multi-drug resistant *Staphylococcal* septic arthritis in equine model

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.

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|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4  | Consulting fees  | None                                     |   |
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|    |  |  |   |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |   |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |   |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> Patent pending  | Provisional patent filed covering activated MSC technology for septic arthritis |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |   |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |   |
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| 11 | Stock or stock options   | <input type="checkbox"/> None            |   |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |   |
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|    |  |  |   |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |   |
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Please summarize the above conflict of interest in the following box:

The author reports a provisional patent filed covering activated MSC technology for septic arthritis described in this study.

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

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

# ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> May 2022

Your Name: Jennifer Nikki Phillips

Manuscript Title: TLR-activated mesenchymal stromal cell therapy and antibiotics to treat multi-drug resistant Staphylococcal septic arthritis in an equine model

Manuscript number (if known): ATM-22-1746

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| 8  | Patents planned, issued or pending   | ____ None |  |
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| 11 | Stock or stock options   | ____ None |  |
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|    |  |           |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ____ None |  |
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| 13 | Other financial or non-financial interests   | ____ None |  |
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**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.**

# ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> May 2022

Your Name: Gregg M.Griffenhagen

Manuscript Title: TLR-activated mesenchymal stromal cell therapy and antibiotics to treat multi-drug resistant Staphylococcal septic arthritis in an equine model

Manuscript number (if known): ATM-22-1746

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| None. |
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# ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> May 2022

Your Name: A Russell Moore

Manuscript Title: TLR-activated mesenchymal stromal cell therapy and antibiotics to treat multi-drug resistant Staphylococcal septic arthritis in an equine model

Manuscript number (if known): ATM-22-1746

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| 7  | Support for attending meetings and/or travel   | ____ None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | ____ None |  |
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# ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> May 2022

Your Name: Tom P.Schaer

Manuscript Title: TLR-activated mesenchymal stromal cell therapy and antibiotics to treat multi-drug resistant Staphylococcal septic arthritis in an equine model

Manuscript number (if known): ATM-22-1746

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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None |  |
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# ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> May 2022

Your Name: Julie B.Engiles

Manuscript Title: TLR-activated mesenchymal stromal cell therapy and antibiotics to treat multi-drug resistant Staphylococcal septic arthritis in an equine model

Manuscript number (if known): ATM-22-1746

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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | ____ None |  |
|    |  |           |  |
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| 11 | Stock or stock options   | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 13 | Other financial or non-financial interests   | ____ None |  |
|    |  |           |  |
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**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.**

# ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> May 2022

Your Name: Natasha Werpy

Manuscript Title: TLR-activated mesenchymal stromal cell therapy and antibiotics to treat multi-drug resistant Staphylococcal septic arthritis in an equine model

Manuscript number (if known): ATM-22-1746

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>None</u>  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u>None</u>  |   |
|   |  |  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>None</u>  |   |
|   |  |  |   |
|   |  |  |   |
| 4   | Consulting fees  | <u>None</u>  |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None |  |
|    |  |           |  |
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| 6  | Payment for expert testimony   | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 7  | Support for attending meetings and/or travel   | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 8  | Patents planned, issued or pending   | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 11 | Stock or stock options   | ____ None |  |
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|    |  |           |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ____ None |  |
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|    |  |           |  |
| 13 | Other financial or non-financial interests   | ____ None |  |
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**Please summarize the above conflict of interest in the following box:**

|       |
|-------|
| None. |
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**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.



# ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> May 2022

Your Name: Jess Gilbertie

Manuscript Title: TLR-activated mesenchymal stromal cell therapy and antibiotics to treat multi-drug resistant Staphylococcal septic arthritis in an equine model

Manuscript number (if known): ATM-22-1746

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>None</u>  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u>None</u>  |   |
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|   |  |  |   |
| 3   | Royalties or licenses  | <u>None</u>  |   |
|   |  |  |   |
|   |  |  |   |
| 4   | Consulting fees  | <u>None</u>  |   |
|   |  |  |   |

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

# ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> May 2022

Your Name: Lauren V Schnabel

Manuscript Title: TLR-activated mesenchymal stromal cell therapy and antibiotics to treat multi-drug resistant Staphylococcal septic arthritis in an equine model

Manuscript number (if known): ATM-22-1746

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>None</u>  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u>None</u>  |   |
|   |  |  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>None</u>  |   |
|   |  |  |   |
|   |  |  |   |
| 4   | Consulting fees  | <u>None</u>  |   |
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|    |  |           |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None |  |
|    |  |           |  |
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| 6  | Payment for expert testimony   | ____ None |  |
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|    |  |           |  |
| 7  | Support for attending meetings and/or travel   | ____ None |  |
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|    |  |           |  |
| 8  | Patents planned, issued or pending   | ____ None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 11 | Stock or stock options   | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 13 | Other financial or non-financial interests   | ____ None |  |
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**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.**

# ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> May 2022

Your Name: Doug Antczak

Manuscript Title: TLR-activated mesenchymal stromal cell therapy and antibiotics to treat multi-drug resistant Staphylococcal septic arthritis in an equine model

Manuscript number (if known): ATM-22-1746

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>None</u>  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u>None</u>  |   |
|   |  |  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>None</u>  |   |
|   |  |  |   |
|   |  |  |   |
| 4   | Consulting fees  | <u>None</u>  |   |
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|    |  |           |  |
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|    |  |           |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None |  |
|    |  |           |  |
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| 6  | Payment for expert testimony   | ____ None |  |
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|    |  |           |  |
| 7  | Support for attending meetings and/or travel   | ____ None |  |
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|    |  |           |  |
| 8  | Patents planned, issued or pending   | ____ None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | ____ None |  |
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|    |  |           |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | ____ None |  |
|    |  |           |  |
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| 11 | Stock or stock options   | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 13 | Other financial or non-financial interests   | ____ None |  |
|    |  |           |  |
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**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.**

# ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> May 2022

Your Name: Don Miller

Manuscript Title: TLR-activated mesenchymal stromal cell therapy and antibiotics to treat multi-drug resistant Staphylococcal septic arthritis in an equine model

Manuscript number (if known): ATM-22-1746

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>None</u>  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u>None</u>  |   |
|   |  |  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>None</u>  |   |
|   |  |  |   |
|   |  |  |   |
| 4   | Consulting fees  | <u>None</u>  |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None |  |
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| 6  | Payment for expert testimony   | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 7  | Support for attending meetings and/or travel   | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 8  | Patents planned, issued or pending   | ____ None |  |
|    |  |           |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | ____ None |  |
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| 11 | Stock or stock options   | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ____ None |  |
|    |  |           |  |
|    |  |           |  |
| 13 | Other financial or non-financial interests   | ____ None |  |
|    |  |           |  |
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**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.



# ICMJE DISCLOSURE FORM

Date: May 23<sup>rd</sup>, 2022

Your Name: Steven Dow

Manuscript Title: TLR-activated mesenchymal stromal cell therapy and antibiotics to treat multi-drug resistant *Staphylococcal* septic arthritis in equine model

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
|   |  |  |   |
| 4   | Consulting fees  | None   |   |
|   |  |  |   |

|    |  |   |  |
|----|--|---|--|
|    |  |   |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> Patent pending                             | Provisional patent filed covering activated MSC technology for septic arthritis                |
|    |  |   |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 11 | Stock or stock options   | <input type="checkbox"/> Yes  | Hold stock options in company seeking to commercialize activated MSC technology for infections |
|    |  |   |  |
|    |  |   |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |

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

The author reports a provisional patent filed covering activated MSC technology for septic arthritis described in this study and that he holds stock options in company seeking to commercialize activated MSC technology for infections

**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.

# ICMJE DISCLOSURE FORM

Date: May 23<sup>rd</sup>, 2022

Your Name: Laurie Goodrich

Manuscript Title: TLR-activated mesenchymal stromal cell therapy and antibiotics to treat multi-drug resistant *Staphylococcal* septic arthritis in equine model

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
|   |  |  |   |
| 4   | Consulting fees  | None   |   |

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|    |  |   |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |   |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |   |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |   |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> Patent pending                             | Provisional patent filed covering activated MSC technology for septic arthritis |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |   |
| 11 | Stock or stock options   | <input type="checkbox"/> Yes  | Hold stock options in eQCell, ART   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |   |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |   |

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

The author reported that a provisional patent filed covering activated MSC technology for septic arthritis described in this study and he holds stock options in eQCell, ART.

**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.